

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P&A		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO NM-30629	
2. NAME OF OPERATOR Yates Petroleum Corporation		JUL 20 '88		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		O. C. D. ARTESIA OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 660' FEL				8. FARM OR LEASE NAME Eastern Shores QW Federal	
14. PERMIT NO. API #30-015-25923		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3274' GR		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT McMillan Upper Penn Gas	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 7-T19S-R26E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Abandon location, skid rig <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give sub-surface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

CORRECTION: 40' of 24" conductor pipe. (Reported as 20" conductor.)
Resumed drilling 14-3/4" hole 9:00 AM 6-27-88. Notified Shannon Shaw, BLM, Carlsbad, NM. Lost circulation at 55'. Mix LCM pill. Full returns. Recemented 24" conductor w/65 sx Class "C" with 3% CaCl2. Circulate 5 sacks. PD 1:45 PM 6-27-88. WOC 10 hrs. Drilled to 278'. Rig settled approximately 2' on east end. Sink hole developed under rig approximately 30' in diameter. Celler and conductor settled approximately 5'. Stabilized rig with cranes.

Plugged well as follows:

TD 278'. Set plug at 67' and cemented with 200 sx Class "C" with 2% CaCl2. Tagged at 30'. Redi-mixed to surface.
Ok'd by D. Armstrong with BLM, Carlsbad, NM.

Skid rig 90 feet to the East to drill Eastern Shores QW Federal #2-Y.

18. I hereby certify that the foregoing is true and correct			
SIGNED <u>[Signature]</u>	TITLE <u>Production Supervisor</u>	DATE <u>7-6-88</u>	
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____	DATE <u>7-19-88</u>	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side