

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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

dsf

5. LEASE DESIGNATION AND SERIAL NO

NM 30629

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eastern Shore QW Federal

9. WELL NO.

2Y

10. FIELD AND POOL, OR WILDCAT

McMillan Upper Penn Gas

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Unit L, Sec. 8-T19S-R27E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL. Report location clearly and in accordance with any State requirements.
(See also space 17 below.)

At surface

2310' FSL & 750' FWL

RECEIVED

AUG 01 '88

O. C. D.

ARTESIA OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3274' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Intermediate Casing

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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 surface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Ran 52 joints 9-5/8" 36# J-55 ST&C casing, set 2245'. Texas Pattern notched guide shoe set 2245', float collar set 2201'. Cemented w/1500 gals Flocheck-21, 750 sx Halliburton Lite w/1/4# Flocele, .5# gilsonite and 3% CaCl2 (yield 1.84, weight 12.7). Tailed in w/200 sx Class "C" w/2% CaCl2 (yield 1.32, weight 14.8). PD 10:15 PM 7-16-88. Bumped plug to 1200 psi, float held okay. Cement circulated 45 sacks. WOC. Tested pipe rams, blind rams, inside valves, wellhead and casing, choke manifold, remote choke, upper and lower kelly cock, dart valve and floor safety valve to 2000 psi for 15 minutes each. Tested hydril to 1800 psi for 15 minutes. Pipe and blind rams closed in 3 seconds each, hydril in 9 seconds. TIH with drill pipe and drill collars. Drilled out 8:30 AM 7-18-88. WOC 34 hours and 15 minutes. Reduced hole to 8-3/4". Drilled plug and resumed drilling.

RECEIVED
JUL 21 11 55 AM '88
O.C.D.

18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 7-20-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Peter W. Chester

*See Instructions on Reverse Side