

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL & GAS COMMISSION

SUBMIT IN TRIPLICATE  
(Other Instructions on reverse side)

Form approved by  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO. **clsf**  
**NM 045275**

**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** (505) 748-1471

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 **660' FNL & 1980' FWL, Sec. 11-T20S-R24E**

14. PERMIT NO.  
**API # 30-015-26133**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3647' GR**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Conoco AGK Federal Com**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Wildcat Morrow**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Unit C, Sec. 11-20S-24E NMPM**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**NM**

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AUG 01 '89  
O. C. D.  
ARTESIA OFFICE

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

**NOTICE OF INTENTION TO:**

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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 subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded 26" hole 5:45 PM 6-26-89 with Frank's Rathole. Set 31' of 20" conductor. Notified Tom Hare, BLM, Carlsbad, NM of spud. Resumed drilling 14-3/4" hole 5:00 PM 6-28-89. Lost circulation 280'. Dry drilling. Regained full returns at 655'. Ran 29 joints 9-5/8" 36# J-55 casing set 1190'. Guide shoe set 1190', insert float set 1150'. Cemented w/750 sx Pacesetter Lite with 10#/sx Hiseal + 1/2#/sx Celloseal + 3% CaCl2 (yield 1.98, wt 12.6). Tailed in w/200 sx Class "C" w/2% CaCl2 (yield 1.32, wt 14.8). PD 5:30 PM 7-1-89. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 90 sacks to pit. WOC. Drilled out 7:30 AM 7-3-89. WOC 38 hrs. NU and tested to 1000 psi for 30 minutes. OK. Reduced hole to 8-3/4". Drilled plug and resumed drilling.

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JUL 10 10 53 AM '89

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

SIGNED *Francis Goodhue* TITLE Production Supervisor DATE 7-17-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
JUL 25 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO