

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR MINING
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

CLF

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.)

NOV 27 '89

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		C. C. D. ARTESIA, OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM 26864	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210				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 810' FSL & 1980' FWL, Sec. 24-T19S-R24E				8. FARM OR LEASE NAME Roden GD Federal Com	
				9. WELL NO. 5	
				10. FIELD AND POOL, OR WILDCAT Undes. North Dagger Draw-Upper Penn	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 24-19S-24E	
14. PERMIT NO. API #30-015-26207		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3596' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

16. 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)	<input type="checkbox"/>		

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"/>	ABANDONMENTS	<input 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 subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Spudded 26" hole 10:05 AM 11-1-89 with Auger Rat Hole. Set 40' of 20" conductor. Notified Shannon Shaw, BLM, Carlsbad, NM, of spud. Resumed drilling 14-3/4" hole 12:45 PM 11-8-89. Lost returns at 300'. Reached TD to run casing 9:30 PM 11-10-89. Ran 31 jts 9-5/8" 36# J-55 ST&C casing set 1290'. Guide shoe set 1290', insert float set 1249'. Cemented w/100 sx Thickset C w/1/2# Flocele, 100# Gilsonite and 3% CaCl2 w/300 sx Lite w/1/2# Flocele, 10# Gilsonite and 3% CaCl2 (yield 2.0, wt 12.4). Followed w/200 sx C with 2% CaCl2 (yield 1.32, wt 14.8). PD 6:00 AM 11-11-89. Bumped plug to 1000 psi, float held OK. Cement did not circulate. WOC 5 hrs. Ran Temp. Survey and found TOC 300'. Ran 1". Tag cement 265'. Spot 75 sx Class C w/3% CaCl2. PD 1:00 PM 11-11-89. WOC 1-3/4 hrs. Ran 1". Tag cement 263'. Spot 35 sx Class C w/4% CaCl2. PD 3:15 PM 11-11-89. WOC 1 1/4 hrs. Ran 1". Tag cement 230'. Spot 75 sx Class C w/3% CaCl2. PD 4:45 PM 11-11-89. WOC 1-3/4 hrs. Ran 1". Tag cement 180'. Spot 130 sx Class C with 3% CaCl2. PD 7:15 PM 11-11-89. WOC 1-3/4 hrs. Ran 1". Tag cement 125'. Spot 185 sx Class C with 2% CaCl2. PD 9:45 PM 11-11-89. Circulated 20 sacks to pit. NU and tested to 1000 psi for 30 minutes. Reduced hole to 8-3/4". Drilled out 1:15 AM 11-13-89. WOC 43 hrs. Drilled plug and resumed drilling.

Adm

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Production Supervisor

DATE 11-14-89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side