

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

157

SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505/748-1471 O. C. D. ARTESIA, OFFICE	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Saguaro AGS Federal Com	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 1980' FWL, Sec. 15-T20S-R24E		10. FIELD AND POOL, OR WILDCAT Undes. Morrow	
14. PERMIT NO. 30-015-26310		15. ELEVATION (Show whether DF, RT, GR, etc.) 3677' GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 15-20S-24E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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 PLANE	<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"/>	ABANDONMENT*	<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 3:15 PM 4-9-90. Set 40' of 20" conductor pipe. and cemented w/4 yards Redi-mix. Notified BLM, Carlsbad, NM, of spud. Resumed drilling 14-3/4" hole 5:30 PM 4-10-90. Ran 28 joints 9-5/8" 36# J-55 ST&C casing set 1219'. Guide shoe set 1219, insert float set 1175'. Cemented w/800 sx Pacesetter Lite "C" w/1/2# Flocele, 10# Gilsonite and 2% CaCl2 (yield 1.99, wt 12.4). Tailed in w/200 sx Class "C" w/2% CaCl2 (yield 1.32, wt 14.8). PD 4:45 AM 4-13-90. Bumped plug to 700 psi, float held okay. Cement circulated 75 sacks. WOC. Drilled out 6:45 AM 4-14-90. WOC 26 hours. Resumed drilling.

ACCEPTED FOR RECORD

APR 17 1990

APR 17 1990

CARLSBAD, NEW MEXICO

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

SIGNED Grant D. Dadd

TITLE Production Supervisor

DATE 4-17-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side