

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NMX60-3160-4

c/sf

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 045274	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Hill View AHE Federal Com		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1		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 660' FNL & 660' FWL, Sec. 12-T20S-R24E		10. FIELD AND POOL, OR WILDCAT Undesignated Morrow		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit D, Sec. 12-20S-24E	
14. PERMIT NO. 30-015-26335		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3595' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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ARTESIA OFFICE

16. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Production Casing</u>	<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 subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

TD 9580'. Reached TD 5-26-90. Ran 234 joints 23# and 26# 7" casing as follows: 51 jts 26# N-80, 20 jts 26# J-55, 24 jts 23# N-80, 1 jt 23# J-55, 6 jts 26# J-55, 74 jts 23# J-55, 54 jts 23# N-80 and 4 jts 26# J-55, casing set 9580'. Float shoe set 9580', float collar set 9540'. DV tool set 5604'. Marker jts set 8976-8955 and 8713-8692'. Cemented 1st stage w/1000 gals Super Flush 101, 1025 sx Class H w/.4% Halad 22A + .3% CFR-3 + 5#/sx Salt + 5#/sx Gilsonite (yield 1.2, wt 15.8). PD 8:15 AM 5-28-90. Circulated 280 sx to pit. Open DV tool with 1000 psi. Circulated thru DV tool for 1-1/2 hrs. Close DV tool w/ 3500 psi. Cemented stage 2: 850 sx Halliburton Lite + 5#/sx Gilsonite + 1/2#/sx Flocele (yield 1.84, wt 12.4). Tailed in w/100 sx Class H Neat (yield 1.2, wt 15.8). PD 11:15 AM 5-28-90. Circulate 200 sx to pit. Bumped plug, float and casing held okay. WOC.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 6-4-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side