

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM CARLSBAD DISTRICT
Modified Form No.
ND60-3160-4

c15F

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.)

RECEIVED

SEP 06 '90

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 39949	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3b. AREA, OFFICE		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 660' FNL & 2105' FWL, Sec. 33-19S-24E				8. FARM OR LEASE NAME Alexandre AHX Federal	
14. PERMIT NO. 30-015-26427		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3770' GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Und. Morrow	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 33-T19S-R24E	
				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 COMPLETION	<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"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recoinjection 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 8:30 AM 8-20-90. Set 40' of 20" conductor, redi-mix with 4 yards. Notified Cathy, BLM, Carlsbad, NM, of spud. Resumed drilling 14-3/4" hole 9:30 AM 8-22-90. Lost returns at 60'. Mix and pump two LCM pills, no results. TD 14-3/4" hole 8:00 PM 8-24-90. No returns. Ran 30 joints 9-5/8" 36# J-55 casing set 1292'. Guide shoe set 1292', insert float set 1249'. PD 3:00 AM 8-25-90. Cemented w/900 sx Halliburton Lite w/10#/sx Gilsonite, 1/2#/sx Flocele and 3% CaCl2 (yield 1.84, wt 12.7). Tailed in w/200 sx "C" w/2% CaCl (yield 1.32, wt. 14.8). PD 3:00 AM 8-25-90. Bumped plug to 700 psi, released pressure and float held okay. Cement did not circulate. WOC 6 hrs. Ran 1". Tagged cement 251'. Spotted 565 sx Class "C" with 2% CaCl2. Cement at 48'. Redi-mix with 34 yards. Circulated 2 yards. Drilled out 8:00 PM 8-26-90. WOC 41 hours. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 8-3/4".

NOTE: Verbal permission obtained from Adam Salameh, BLM, Carlsbad, NM, to go to 1300'. Cementing witnessed by Cathy Queen and Jim Amos, BLM, Carlsbad, NM.

RECEIVED
AUG 30 10 10 AM '90

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 8-28-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side