

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
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(Other instructions on re-
verse side)

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

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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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 39635	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Mimosa AHS Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 810' FEL, Sec. 4-T20S-R24E		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Undesignated		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 4-T20S-R24E	
14. PERMIT NO. 30-015-26449		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3750' GR		ARTESIA, OFFICE		12. COUNTY OR PARISH Eddy	
						13. STATE NM	

OCT 18 10 42 AM '90

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O. C. D.

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"/>
FRACUTURE 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 type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACUTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Production Csg, Perforate	<input checked="" 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 11150'. Logger's TD 11153'. Reached TD 9-29-90. Ran 261 jts 7" casing as follows: 47 jts 7" 29# N-80, 71 jts 7" 26# N-80, 109 jts 7" 23# N-80, 31 jts 7" 26# N-80 and 3 jts 7" 29# N-80 (total 11186') of casing set 11152'. Float shoe set 11152'. Float collar set 11108'. DV tools set 5279' and 9307'. Cmt'd in 3 stages as follows: Stage I - 500 gals Superflush 101, 450 sx Class H w/5#/sx Salt, 5#/sx Gilsonite, .4% Halad-22A, .3% CFR-3 (yield 1.2, wt 15.8). PD 1:45 PM 10-2-90. Bumped plug to 1450 psi, held okay. Cement did not circulate. Opened DV tool w/400 psi and circulated 2-3/4 hrs. Stage II - 500 gals Superflush 101, 1700 sx Class H w/5#/sx Salt, 5#/sx Gilsonite, .4% Halad-22A, .3% CFR-3, (yield 1.2, wt 15.8). PD 6:45 PM 10-2-90. Bumped plug to 2900 psi for 2 mins. Stage III - 875 sx Halliburton Lite w/1/2#/sx Flocele, 5#/sx Gilsonite (yield 1.84, wt 12.6). Tailed in w/100 sx Class H Neat (yield 1.12, wt 15.8). Stage #3 was not pumped.

10-10-90. Drilled out DV tools @ 5279' and 9307' and tested. Perforated squeeze holes @ 3850'. Set cement retainer at 3790'. Established circulation to surface and cement w/535 Lite, 5# Gilsonite, 1/2#/sx Flocele + 100 sx Class C Neat. Squeezed perfs @ 3850' to 1800 psi. Circulated 70 sx to pit. Drilled out retainer at 3790' and cement to 3855'. Circulated clean.

10-15-90. Perforated 9515-9551' w/10 - .42' holes as follows: 9515, 19, 23, 27, 32, 35, 45, 47, 49 and 9551'. Acidized perfs 9515-51' w/3000 gals NEFE acid and 20 ball sealers.

Ad

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 10-17-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side