

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

c/sf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		NOV 30 '90	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Cxle & Mine No. 505/748-101C. D.	8. FARM OR LEASE NAME Saguaro AGS Federal Com
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL, Sec. 11-20S-24E		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. API #30-015-26494		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3615' GR	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		10. FIELD AND POOL, OR WILDCAT Und. North Dagger Draw Upper	
11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit G, sec. 11-T20S-R24E		12. COUNTY OR PARISH Eddy	
13. STATE NM		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.)	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" 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)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Reconpletion Report and Log (form.)	<input type="checkbox"/>
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.)			
11-11-90. Spudded 26" hole 11:15 AM 11-9-90 with rathole. Set 40' of 20" conductor. Notified BLM, Carlsbad, NM, of spud. Cemented to surface with redi-mix. Resumed drilling 14-3/4" hole 3:00 PM 11-12-90.			
11-14-90. Ran 28 joints 9-5/8" 36# J-55 ST&C casing set 1203'. Regular guide shoe set 1203', insert float set 1159'. Cmt'd w/750 sx Lite C w/10# Hiseal, 1/2# Celloseal and 3% CaCl2 (yield 1.98, wt 12.4). Tailed in w/200 sx "C" with 2% CaCl2 (yield 1.32, wt 14.8). PD 6:30 aM 11-15-90. Bumped plug to 600 psi, float held okay. Cement circulated 280 sacks. NU and tested to 3000 psi, OK. Drilled out 8:30 PM 11-15-90. WOC 14 hrs. Reduced hole to 8-3/4". Drilled plug and resumed drilling.			

Adm

RECEIVED
NOV 30 11 17 AM '90

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>Production Supvr.</u>	DATE <u>11-26-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side