

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
MD60-3160-4

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"/>		JAN 11 '91	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		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		5. LEASE DESIGNATION AND SERIAL NO. NM 043625	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Saguaro AGS Federal Com	
		9. WELL NO. 6	
		10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper Penn	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Unit G, Sec. 11-T20S-R24E	
14. PERMIT NO. 30-015-26494		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3615' GR	
		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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Production Casing, 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 8210'. Reached TD 12-8-90. Ran 199 joints 7" casing set 8210' as follows: 13 jts 7" 26# N-80, 71 jts 7" 26# J-55, 91 jts 7" 23# J-55, 21 jts 7" 23# N-80 and 3 jts 7" 26# J-55. Float shoe set 8210', float collar set 8165'. DV tool set 5308'. Marker joint set 7310'. Cemented 1st stage: 500 gals Excello gel, 500 gals Surebond, 1000 sx "H", .8% CF-14, 10% Salt, 5#/sx Hiseal, 1/4#/sx Celloseal (yield 1.25, wt 15.5). PD 12:05 PM 12-9-90. Bumped plug to 2500 psi, released pressure, float held OK. Circulated 290 sacks. Circulated DV tool 1 1/4 hrs. Cmt'd stage 2: 1000 sx Lite "C", .4% CF-14, 5#/sx Salt, 5#/sx Hiseal, 1/4#/sx Celloseal (yield 1.98, wt 12.40). Tailed in w/200 sx "H" Neat (yield 1.18, wt 15.6). PD 3:15 PM 12-9-90. Bumped plug to 3400 psi, released pressure, float held okay. Circulated 368 sacks. 12-13-90. Drilled out DV tool. Perforated 7785-7797' w/14 .50" holes as follows: 7785, 87, 89, 91, 93, 95, and 97' (2 SPF). Swabbed well. 12-18-90. Acidized perforations 7785-7797' w/4000 gals 20% NEFE acid. 12-19-90. Perforated 7690-7758' w/44 .50" holes as follows: 7690, 92, 94, 96, 98, 7700', 7715, 18, 20, 22, 24, 26, 28, 7730', 7743, 46, 48, 50, 52, 54, 56, 7758' 12-20-90. Acidized perforations 7743-58' w/1500 gals 20% NEFE acid in two stages. Acidized all perforations (7690-7758') w/12000 gals 20% acid with 800# block.

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

SIGNED Quanta Dodson

TITLE Production Supervisor

DATE 12-21-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side