

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
Artesia, NM 88210

CLSF

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-043625

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Saguaro AGS Federal Com #8

9. API Well No.

30-015-26517

10. Field and Pool, or Exploratory Area

Dagger Draw Upper Penn South

11. County or Parish, State

Eddy Co., NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Convert to WIW

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1980' FEL of Section 14-T20S-R24E (Unit 0, SWSE)

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Packer Leakage Test
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Please see attached chart for Packer Leakage Test conducted on 6-2-95. NMOCD was notified but did not witness.

RECEIVED
JUL 12 1995
OIL CON. DIV.
DIST. 2

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

Signed Rudolph Klein Title Production Clerk Date June 5, 1995

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

HALLIBURTON DATA LOG

COMPUPAC Ver. 1.53 6/02/95

THIS REPORT IS BASED ON SOUND ENGINEERING PRACTICES, BUT BECAUSE OF VARIABLE WELL CONDITIONS AND OTHER INFORMATION WHICH MUST BE RELIED UPON, HALLIBURTON MAKES NO WARRANTY, EXPRESSED OR IMPLIED, AS TO THE ACCURACY OF THE DATA OR ANY CALCULATIONS OR OPINIONS EXPRESSED HEREIN. YOU AGREE THAT HALLIBURTON SHALL NOT BE LIABLE FOR ANY LOSS OR DAMAGE, WHETHER DUE TO NEGLIGENCE OR OTHERWISE, ARISING OUT OF OR IN CONNECTION WITH SUCH DATA, CALCULATIONS OR OPINIONS.

Customer: <u>Yates Pet</u>	Ticket Number: <u>679058</u>
Contractor: <u>Pool</u>	Permit Number: _____
Lease: <u>Saguaro AGS Fed</u>	Well #: <u>8</u>
Location: <u>Dagge draw</u>	Sec.: <u>14</u>
Field: _____	Twn.: <u>20s</u>
Country: <u>USA</u>	Rng.: <u>24e</u>
County: <u>Eddy</u>	State: <u>N.M.</u>
Job Type: <u>Pump Packer fluied</u>	

WELL DESCRIPTION

HOLE DEPTH	TYPE	SIZE	WEIGHT
<u>0</u> - <u>td</u>	<u>cassing</u>	<u>7</u>	<u>23</u>
<u>0</u> - <u>7500+-</u>	<u>ubbing</u>	<u>3</u>	
_____ - _____	_____	_____	_____
_____ - _____	_____	_____	_____
_____ - _____	_____	_____	_____

PERF DEPTH	NUMBER	SIZE	FORMATION
<u>7562</u> - <u>7748</u>	_____	_____	_____
_____ - _____	_____	_____	_____

Open Hole I.D.: _____	Total Depth: _____
Zone #: _____	Formation: _____
Packer Depth: <u>7500+-</u>	Packer Type: <u>giberson</u>
Baffle/MSO Depth: _____	Baffle Size: _____
EHST: _____	Frac Gradient: _____

STIMULATION DATA

	TYPE	CONC/RATIO	VOLUME
PrePad:	_____	_____	_____
Pad:	_____	_____	_____
Acid:	_____	_____	_____
Sand Laden:	_____	_____	_____
Flush:	_____	_____	_____
Overflush:	<u>paker fluied</u>	<u>8.33</u>	<u>250+-</u>
Total:	_____	_____	_____
N2:	_____	_____	_____
CO2:	_____	_____	_____

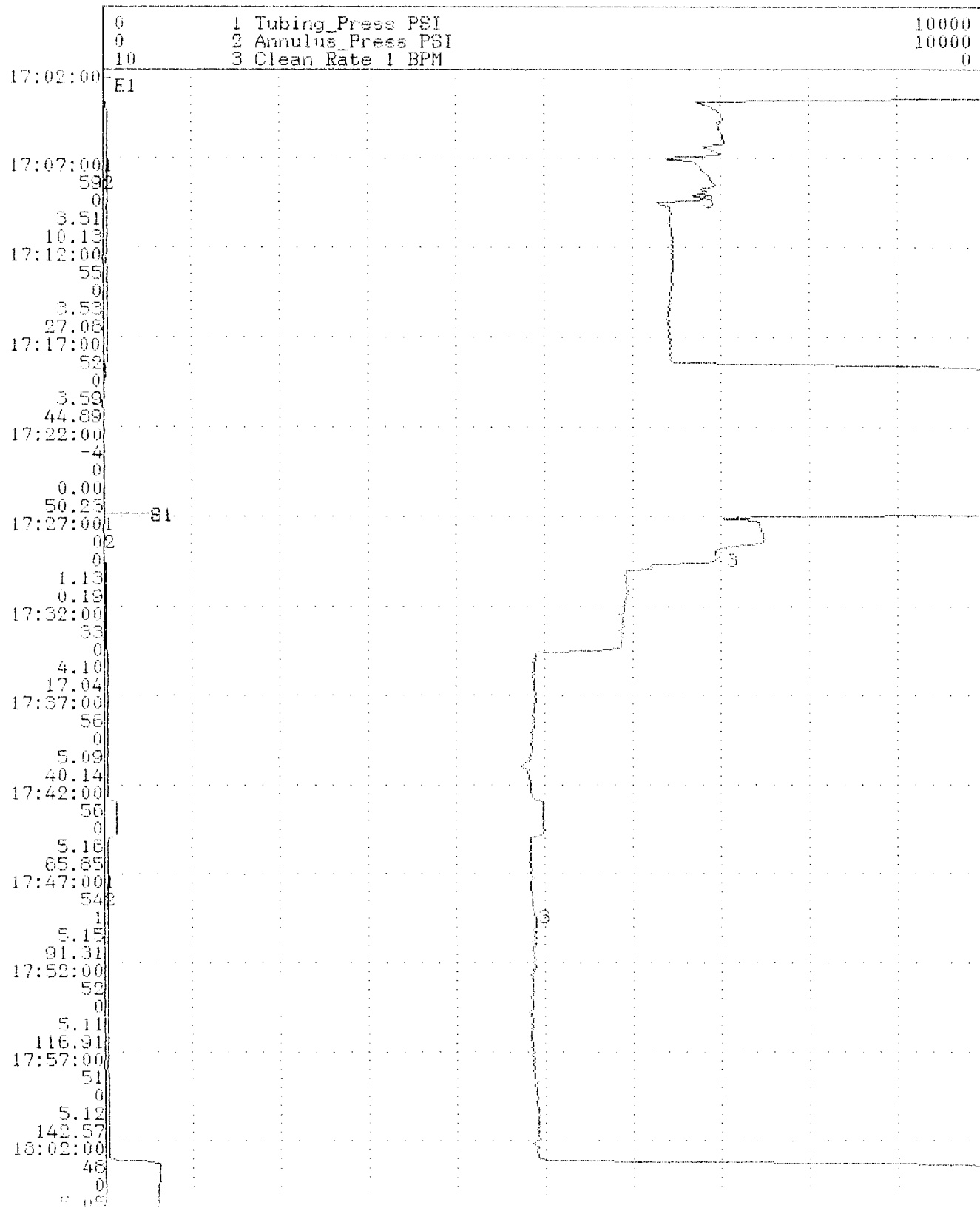
PROPPANT TYPE	SIZE	QUANTITY	MAX CONC.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AVE. RATE: _____ AVE. PRESSURE: _____ AVE. HHP: _____

Comments: _____

Legend for Side

1. Time
2. Tubing_Press PSI
3. Annulus_Press PSI
4. Clean Rate 1 BPM
5. Stg Clean Total 1BBL



6042
0
0.00
173.95
18:12:00
587
1
0.00
173.95
18:17:00
571
1
0.00
173.95
18:22:00
553
0
0.00
173.95
18:27:00
5352
0
0.00
173.95
18:32:00
518 E2 S2

3

3

STAGE/EVENT SUMMARY

Customer: Yates Pet
Job Type: Pump Packer fluied

Date: 6/02/95
Ticket #: 679058

***** 17:02:28 Start Job *****

***** 17:26:46 Stage #1 Pump Water *****

STAGE SUMMARY

Tubing_Press	=	516 PSI	Annulus_Press	=	0 PSI
Clean Rate 1	=	0.00 BPM			
Clean Total 1	=	224.18 BBL	Stg Clean Total 1 =		173.95 BBL
Avg Clean Rate 1	=	2.65 BPM			
Avg Tubing_Press	=	283 PSI			

***** 18:32:30 Stage #2 Pump Water *****

STAGE SUMMARY

Tubing_Press	=	-12 PSI	Annulus_Press	=	0 PSI
Clean Rate 1	=	0.00 BPM			
Clean Total 1	=	224.18 BBL	Stg Clean Total 1 =		0.00 BBL
Avg Clean Rate 1	=	0.00 BPM			
Avg Tubing_Press	=	89 PSI			

***** 18:33:08 End Job *****