

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 045274	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION				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' FSL & 660' FEL, Sec. 14-20S-24E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 14-T20S-R24E		8. FARM OR LEASE NAME Hill View AHE Federal	
14. PERMIT NO. 30-015-26602		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3613' GR		9. WELL NO. 8	
				10. FIELD AND POOL, OR WILDCAT South Dagger Draw Upper Penn	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

FEB - 7 1991

O. C. D.  
ARTESIA, OFFICE

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"/>
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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Production Casing	

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

17. DESCRIBE PROMISED 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 8105'. Reached TD 1-29-91. Ran 195 joints 7" 26 and 23# J-55 and N-80 casing, set 8105' as follows: 14 jts 7" 26# N-80, 67 jts 7" 26# J-55, 89 jts 7" 23# J-55, 21 jts 7" 23# N-80, 4 jts 7" 26# J-55. Float shoe set 8105', float collar set 8060'. Cemented in 2 stages: Stage 1 - 500 gals Super Flush 101 + 800 sx Class H w/3/10% CFR-3+4/10% Halad 22A + 5#/sx Gilsonite + 5#/sx salt (yield 1.12, wt 15.4). PD 1:15 AM 1-31-91. Circulated thru DV tool 2 hrs. Circulated 130 sx to pit.\* Open DV tool with 800 psi. Stage 2 - 850 sx Halliburton Lite w/5#/sx Gilsonite + 5#/sx salt + 1/4#/sx Floseal (yield 1.84, wt 12.7). Tail in w/100 sx Class H Neat (yield 1.18, wt 15.6). PD 4:30 AM 1-31-91. Circulated 150 sx to pit. Closed DV tool with 3000 psi, held okay. WOC 18 hours.

\*DV @ 5419'

SJS

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-30-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

FEB 6 1991

SJS

CARLSBAD, NEW MEXICO

\*See Instructions on Reverse Side