

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(One in common  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

CLP

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 ☐ GAS ☐ WELL ☐ OTHER ☐ P&A

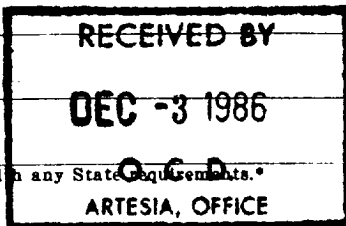
2. NAME OF OPERATOR  
Yates Petroleum Corporation ✓

3. ADDRESS OF OPERATOR  
207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1650 FNL & 630 FEL, Sec. 14-T21S-R22E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4139' GR; 4154' KB



5. LEASE DESIGNATION AND SERIAL NO.  
NM 9531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Hilliard BF Federal

9. WELL NO.  
1-Y

10. FIELD AND POOL OR WILDCAT  
West Indian Basin Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit H, Sec. 14-21S-22E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

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 PLANS <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 checked="" type="checkbox"/>
(Other) <input 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.) \*

Plugged well as follows:

- 7-10-86 1) Rigged up. Notified BLM. Set CIBP at 7675' and cap w/35' cement.
- 7-11-86 2) Set 20 sx Class "C" cement plug 6650-6500'.
- 3) Set 15 sx Class "C" cement plug 5120-5000'.
- Cut 5½" casing at 3285' and pulled.
- 7-12-86 4) Set 35 sx plug 50' in and 50' out of stub and tagged at 3220'.
- 5) Set 35 sx plug across 9-5/8" shoe 1175-1075'. Tagged plug 1066'.
- 6) Set 30 sx plug 380-280' across 13-3/8" shoe
- 7) Set 50' plug (15 sx) at surface.

Installed regulation abandonment marker.

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

SIGNED: [Signature] TITLE: Production Supervisor DATE: 7-14-86

(This space for Federal or State office use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: 12-2-86

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2  
8-1-86  
P4A

\*See Instructions on Reverse Side

