

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Copy to 87
Form approved.
Budget Bureau No. 42-R1424.

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 13405	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 South 4th Street - 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 1980' FSL & 1980' FEL of Section 14-20S-26E		8. FARM OR LEASE NAME Roaring Springs Fed.	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3299.5' GR		10. FIELD AND POOL, OR WILDCAT Undesignated Morrow	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 14-20S-26E Unit J NMPM	
		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"/>		<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"/>	Set Production Casing	<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 10425'- Ran 321 joints of 4½" casing as follows: 53 joints 11.6# N-80 (1600'); 223 joints 11.6# K-55 (7340'); 45 joints 11.6# N-80 (1440') (Total 10380') of casing set at 10345'. Guide shoe at 10345', Diff-Fill Collar at 10313'. 10 centralizers. Cemented as follows: 250 gallons mud flush, 280 sacks Class C 2/10% Halad-22, 5#/sx KCL 4/10% CFR-2, 325 sacks Howco-Lite 2/10% Halad-22, 4/10% CFR-2, 5#/sack KCL tailed in w/160 sacks of Class H 2/10% Halad-22, 4/10% CFR-2, 5#/sack KCL. PD 12:15 PM 12-23-78. WOC and tested to 2000# OK. Ran Temperature Survey and found top of cement at 7500'. WLPBTD 10305'.

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

SIGNED Christina JohnsonTITLE Geol. SectyDATE 3-12-79

(This space for Federal or State office use)

APPROVED BY Lee G. LaraTITLE ACTING DISTRICT ENGINEERDATE MAR 21 1979

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side