Form 3160-5 June 1990)	DEPARTMENT BUREAU OF L	ED STATES D OF THE INTERIOR R AND MANAGEMENT	rawer DD	MISSION FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM-27918 6. If Indian, Allottee or Tribe Name
Do not use t	dril	ND REPORTS ON WELLS I or to deepen or reentry to a d PERMIT—" for such poppeals		 If Indian, Allottee or Tribe Ivality If Unit or CA, Agreement Designation
		IN TRIPLICATE	RECEIVED	7. If Unit of CA, Agreenkin Dungalan
i. Type of Well	Gas Dther		NCT 11.'94	8. Well Name and No. South Avalon MA Fed Com #1
2. Name of Operato			(71)	9. API Well No.
YATES P	ETROLEUM CORPORATION	(505) 748-1		30-015-23079
1 A direct and Tel	enhone No.		ARTESIA, OFFICE	10. Field and Pool, or Exploratory Area
105 Sou	th 4th St., Artesia, M	M 88210 *		Undes. Bone Springs
4. Location of Wel 1980' FS	II (Footage, Sec., T., R., M., or Survey Do SL & 660' FEL of Secti	on 14-T21S-R26E (Unit I,		11. County or Parish, State Eddy Co., NM
	TOUR DEPOSIT	s) TO INDICATE NATURE OI	NOTICE, REPO	RT, OR OTHER DATA
12. CH	ECK APPROPRIATE BOX	5) 10 11010/112 1	TYPE OF ACTION	
TY	PE OF SUBMISSION			Change of Plans
[x	Notice of Intent	Abandonment		New Construction
		X Recompletion		Non-Routine Fracturing
	Subsequent Report	Plugging Back		Water Shut-Off
	_	Casing Repair		Conversion to Injection
Ľ	Final Abandonment Notice	Other		(Note: Report results of multiple completion on Well
				Completion of Recompletion Report and Log (0111.)
give subs Propose as fol:	e to abandon Atoka per lows: pple up BOP. TOOH wit	forations 10556-10610' a	and recomplete	to 1st Bone Spring Sand
2. If to rep 3. Ra to be after determ 4. Pe 5. RJ wtih t 6. Sv	casing leak exists, r pair leaks or continue on GR/CCL/CBL log from approximately 5600'. reviewing CBL. Object nine effective TOC above erforate 5944-6127' w/2 IH w/packer and acidiz ball sealers. wab test. f decision made to fra	IH w/RBP and packer and with procedure and repa 7500' to top of cement. NOTE: A remedial cemen tive is to insure cement re 1st Bone Spring Sand 25 holes (1 SPF) with 4" e perforations 5944-6127 c, knock balls off perfe	<pre>isolate leaks ir leaks later NOTE: Tempe ting procedure coveragenear pay. casing gun. ' with 2000 ga and TOOH with it a allow</pre>	Decision will be made rature Survey shows TOC will be issued if necessary DV tool at 6550' and allons 7-1/2% NEFE HCL acid h tools and frac down casing fracing down casing, run
2. If to rep 3. Ra to be after determ 4. Pe 5. RI wtih t 6. Sv 7. If NOTE: packe:	casing leak exists, r pair leaks or continue on GR/CCL/CBL log from approximately 5600'. reviewing CBL. Object nine effective TOC above erforate 5944-6127' w/2 IH w/packer and acidiz ball sealers. wab test. f decision made to fra	IH w/RBP and packer and with procedure and repa 7500' to top of cement. NOTE: A remedial cemen tive is to insure cement re 1st Bone Spring Sand 25 holes (1 SPF) with 4" e perforations 5944-6127 c, knock balls off perfe	isolate leaks ir leaks later NOTE: Tempe ting procedure coveragenear pay. casing gun. ' with 2000 ga and TOOH with grity to allow ightly deeper	Decision will be made rature Survey shows TOC will be issued if necessary DV tool at 6550' and allons 7-1/2% NEFE HCL acid
2. If to rep 3. Ra to be after determ 4. Pe 5. RJ wtih t 6. Sv 7. If NOTE: packe:	casing leak exists, r pair leaks or continue in GR/CCL/CBL log from approximately 5600'. reviewing CBL. Object ine effective TOC abor- erforate 5944-6127' w/ IH w/packer and acidiz- ball sealers. wab test. f decision made to fra If casing doesn't ha r and 3-1/2" special correct will the foregoing is not and correct will the foregoing is not and correct	IH w/RBP and packer and with procedure and repa 7500' to top of cement. NOTE: A remedial cemen rive is to insure cement ve 1st Bone Spring Sand 25 holes (1 SPF) with 4" e perforations 5944-6127 c, knock balls off perfs ve enough pressure integ learance tubing, set s1:	isolate leaks ir leaks later NOTE: Tempe ting procedure coveragenear pay. casing gun. ' with 2000 ga and TOOH with grity to allow ightly deeper	Decision will be made rature Survey shows TOC will be issued if necessary DV tool at 6550' and allons 7-1/2% NEFE HCL acid h tools and frac down casing fracing down casing, run than bad casing and frac <u>CONTINUED</u> Date <u>Sept. 22, 1994</u>
2. If to rep 3. Ra to be after determ 4. Pe 5. RI wtih t 6. Sv 7. If NOTE: packe: This space Approved Conditions	casing leak exists, F pair leaks or continue in GR/CCL/CBL log from approximately 5600'. reviewing CBL. Object ine effective TOC above erforate 5944-6127' w/ IH w/packer and acidiz ball sealers. wab test. f decision made to fra If casing doesn't har and 3-1/2" special control of the foregoing is rule and correct wath the foregoing is rule and correct ustual for the foregoing is rule and correct (ORIG. SGD.) JOE G.	IH w/RBP and packer and with procedure and repa 7500' to top of cement. NOTE: A remedial cemen rive is to insure cement to lst Bone Spring Sand 25 holes (1 SPF) with 4" e perforations 5944-6127 c, knock balls off perfs ve enough pressure integ learance tubing, set sl: 	isolate leaks ir leaks later NOTE: Tempe ting procedure coveragenear pay. casing gun. ' with 2000 ga and TOOH with grity to allow ightly deeper	Decision will be made rature Survey shows TOC will be issued if necessary DV tool at 6550' and allons 7-1/2% NEFE HCL acid h tools and frac down casing fracing down casing, run than bad casing and frac <u>CONTINUED</u> Date <u>Sept. 22, 1994</u>

une 1990)	UNI DI	STATES	FORM APPROVED Budget Bureau No. 1004-0135
···· ,	DEPARTMENT OF	THE INTERIOR	Expires: March 31, 1993
	BUREAU OF LANI		5. Lease Designation and Serial No.
			NM-27918
	SUNDRY NOTICES AND		6. If Indian, Allottee or Tribe Name
Do not use this fo	rm for proposals to drill or	to deepen or reentry to a different reservoir.	
U	se "APPLICATION FOR PE	RMIT—" for such proposals RECEIVED	
	SUBMIT IN 1	TRIPLICATE	7. If Unit or CA, Agreement Designation
			4
. Type of Well Oll		OCT 11.'94	8. Well Name and No.
Well A Well	Other	O. C. D.	South Avalon MA Fed Com #1
2. Name of Operator	LEUM CORPORATION	(505) 748-1标语制, OFFICE	9. API Well No.
Address and Telephone N		Since	30-015-23079
105 South 4th St., Artesia, NM 88210			10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Undes. Bone Springs
1980' FSL &	660' FEL of Section	14-T21S-R26E (Unit I, NESE)	11. County or Parish, State
			Eddy Co., NM
2. CHECK	APPROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF	SUBMISSION	TYPE OF ACTION	
XX Notice of		Abandonment	Change of Plans
A Notice o		X Recompletion	New Construction
Subsequ	ient Report	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final A	bandonment Notice	Altering Casing	Conversion to Injection
		Other	Dispose Water (Note: Report results of multiple completion on Well
			Completion or Recompletion Report and Log form.)
		the second data of starting	ng any proposed work. If well is directionally drilled.
13 Describe Proposed or Co give subsurface loci	ompleted Operations (Clearly state all perti- ations and measured and true vertical dep	nent details, and give pertinent dates, including estimated date of startine to this work.)*	ng any proposed work. If well is directionally drilled,
give subsurface loca	ations and measured and true vertical dep	nent details, and give pertinent dates, including estimated date of startine oths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled,
give subsurface loca	ompleted Operations (Clearly state all perti ations and measured and true vertical dep ROM PREVIOUS PAGE:	nent details, and give pertinent dates, including estimated date of startin ths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled,
give subsurface loc: CONTINUED FI down tubing	ations and measured and true vertical def ROM PREVIOUS PAGE:		ng any proposed work. If well is directionally drilled,
give subsurface loc: CONTINUED F down_tubing	ROM PREVIOUS PAGE:	toll in	ng any proposed work. If well is directionally drilled,
give subsurface loc: CONTINUED F down tubing 8. Force c 9. Clean o	ations and measured and true vertical dep ROM PREVIOUS PAGE: lose well then shut w ut sand, run packer a	vell in. and tubing. Circulate annulus full	ng any proposed work. If well is directionally drilled, of inhibited packer fluid
give subsurface loc CONTINUED F down tubing 8. Force c 9. Clean o containing	Ations and measured and true vertical dep ROM PREVIOUS PAGE: lose well then shut w out sand, run packer a corrosion inhibitor/c	vell in. and tubing. Circulate annulus full oxygen scavenger/biocide. Test ann	ng any proposed work. If well is directionally drilled, of inhibited packer fluid
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give subsurface loc CONTINUED F down tubing 8. Force c 9. Clean o containing 10. Nipple	Ations and measured and true vertical dep ROM PREVIOUS PAGE: lose well then shut w ut sand, run packer a corrosion inhibitor/c up tree and swab well	vell in. and tubing. Circulate annulus full oxygen scavenger/biocide. Test ann	of inhibited packer fluid ulus.
give subsurface loc CONTINUED F down tubing 8. Force c 9. Clean o containing 10. Nipple	Ations and measured and true vertical dep ROM PREVIOUS PAGE: lose well then shut w out sand, run packer a corrosion inhibitor/c	pell in. and tubing. Circulate annulus full oxygen scavenger/biocide. Test ann L in.	of inhibited packer fluid ulus.
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give subsurface loc CONTINUED Fil down tubing 8. Force c 9. Clean o containing 10. Nipple 14. Thereby certify that the Signed	ations and measured and true vertical dep ROM PREVIOUS PAGE: lose well then shut w ut sand, run packer a corrosion inhibitor/c up tree and swab well tree and swab well	pell in. and tubing. Circulate annulus full oxygen scavenger/biocide. Test ann L in.	of inhibited packer fluid ulus.
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