

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a mineral reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 55125	
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 Surface Location: 330' FSL & 1650' FWL, Sec. 12-T20S-R29E Proposed Production Zone: 660' FNL & 660' FWL, Sec. 13-20S-29E		8. FARM OR LEASE NAME Eland AFC Federal Com	
14. PERMIT NO. API #30-015-25978		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3321.1' GR		10. FIELD AND POOL, OR WILDCAT Undes. GETTY Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 13-T20S-R29E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Spud well, set surface pipe <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.)*

Spudded 24" hole 2:30 Pm 9-29-88. Set 39' of 20" conductor pipe. Notified Danny Cortez, BLM, Carlsbad, NM, of spud. Lost returns at 150'. Mixed LCM pill, load hole. Hole would load, but would not circulate. Dry drill to 333'. Ran 8 joints 13-3/8" 48# H-40 ST&C casing set 333'. 1-Texas pattern notched guide shoe set 333', insert float set 291'. Cemented w/400 sx Class "C" with 2% CaCl2 (yield 1.32, weight 14.8). PD 2:15 AM 10-2-88. Bumped plug to 500 psi, float held OK. Cement did not circulate. WOC 5-1/2 hrs. Ran 1". Tagged cement 152'. Spotted 150 sx Class "C" with 4% CaCl2. PD 9:15 AM 10-2-88. Circulated 10 sacks to pit. WOC. Drilled out 9:00 PM 10-2-88. WOC 18 hrs and 45 mins. NU and tested to 1000 psi for 15 minutes, OK. Reduced hole to 12-1/4". Drilled plug and resumed drilling.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 10-4-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

OCT 13 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO