

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.
NMO-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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. AREA CODE & PHONE NO. 505/478-1471		8. FARM OR LEASE NAME Gazelle AHG Federal Com	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		5. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Surface: 2250' FNL & 1160' FWL Proposed producing zone: 1815' FSL & 2145' FEL		10. FIELD AND POOL, OR WILDCAT Wildcat Strawn		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E, Sec. 15-T20S-R29E	
14. PERMIT NO. 30-015-26354		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3296' GR		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 PLANE	<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) Intermediate casing	<input checked="" type="checkbox"/>		<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.) *

5-9-90. Ran 72 joints of 9-5/8" 36# J-55 casing set at 3132'. Guide shoe set at 3132', float collar set 3087. DV tool set 1860'. Cemented 1st stage w/300 sx Pacesetter Lite w/10% salt (yield 1.99, wt 12.6). Tailed in w/200 sx Class C w/2% CaCl2 (yield 1.32, wt 14.8). * Cemented 2nd stage w/450 sacks Pacesetter Lite w/10#/sx Gilsonite (yield 1.99, wt 12.6). Tailed in w/200 sx Class C w/2% CaCl2 (yield 1.32, wt 14.6). PD 4:10 PM 5-9-90. Circulated 72 sacks. WOC. NU and tested to 1000 psi for 30 minutes, OK. Drilled out 2:00 PM 5-10-90. WOC 21 hrs and 50 minutes. Reduced hole to 8-3/4". Drilled plug and resumed drilling.

*NOTE: Circulated 78 sacks on 1st stage.

RECEIVED
JUN 5 10 35 AM '90
CARTER AREA

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

SIGNED [Signature] TITLE Production Supervisor DATE 6-4-90
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side