

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(Other instructions on re-
verse side)

Blm Roswell District
Modified Form No.
NMO-3160-4

cls F

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"/>		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 81929	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Gazelle AHG Federal Com		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1		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: 2250' FNL & 1160' FWL		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	

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JUN 22 '90

O. C. D.
ARTESIA OFFICE

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"/>
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"/>		

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) 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 12520'. Reached TD 6-9-90. Ran 302 joints 5-1/2" casing set 12520' as follows: 63 jts 20# N-80, 98 jts 17# N-80, 87 jts 20# N-80 and 54 jts 20# S-95. Float shoe set 12520', float collar set 12475'. DV tool set 9028'. Cemented 1st stage w/1150 sx Class H w/1.25% CF-14, 3% CSE (yield 1.2, wt 15.6). PD 11:30 PM 6-11-90. Circulated thru DV tool 2-1/2 hrs. Circulated 85 sx cement after 1st stage. Stage 2: 1150 sx Super H w/3% Salt (yield 2.3, wt 11.5), followed w/440 sx "H" with 1.25 CF-14 + 3% CSE (yield 1.2, wt 15.6). PD 6:24 AM 6-12-90. Cement did not circulate. Bumped plug to 4400 psig for 10 minutes, float and casing held okay. WOC.

JUN 14 10 53 AM '90
OCC
AREA

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 6-13-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side