

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

UNLAWFUL RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on  
reverse side)

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

c/5f

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		3b. AREA CODE & PHONE NO. 505/748-1471		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		SEP 06 '90		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1000' FSL & 5' FEL, Sec. 16-T20S-R29E Proposed producing zone: 825' FNL & 2145' FEL, Sec. 22-T20S-R29E		C. C. D. / ARTESIA OFFICE		8. FARM OR LEASE NAME Gazelle AHG Federal	
14. PERMIT NO. 30-015-26441		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3284' GR		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Wildcat Strawn	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 16-T20S-R29E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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 checked="" 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 PLANS <input type="checkbox"/>	(Other) <input 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 7:00 AM 8-27-90. Ran 11 joints 20" H-40 ST&C casing set 437'. Guide shoe set 437', baffle plate set 403'. Cemented w/238 sx Pacemaker Lite "C" with 1% CaCl + 10% Thixad (yield 1.71, wt. 13.2); 238 sx Pacemaker Lite "C" with 2% CaCl (yield 1.99, wt 12.4). Tailed in w/450 sx Class "C" with 2% CaCl (yield 1.33, wt 14.8). PD 5:35 AM 8-28-90. Bumped plug to 200 psi. Shut in cement head. Cement did not circulate. WOC 4 hrs. Ran 1". Tagged cement 142'. Spotted 100 sx Class "C" with 2% CaCl. PD 12:00 PM 8-28-90. WOC 2 hrs. Ran 1". Tagged cement 105'. Spotted 175 sx Class "C" with 2% CaCl. PD 2:50 PM 8-28-90. Circulated 5 sx. WOC. Drilled out 11:45 PM 8-28-90. WOC 18 hrs and 10 mins. Cut off and weld on flow nipple. Reduced hole to 17 1/2". Resumed drilling.  
Note: Observed by Dale Carpenter and Jim Amos, BLM, Carlsbad, NM.

RECEIVED  
SEP 4 10 35 AM '90  
C. C. D. /  
ARTESIA OFFICE

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Supvr.</u>	DATE <u>8-30-90</u>
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(This space for Federal or State office use)

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

\*See Instructions on Reverse Side