

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 81929

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Gazelle AHG Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Und. East Burton Flat 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

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	3a. Area Code & Phone No. 505/748-1471
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION	SEP 13 '90
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	
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. 16-20S-29E	
14. PERMIT NO 30-015-26441	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3284' GR

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 COMPLETION	<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"/>		

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) Set 13-3/8" & 9-5/8" 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.)\*

8-30-90. Ran 34 joints 13-3/8" J-55 54.5# ST&C casing set 1363'. Guide shoe set 1363', insert float set 1321'. Cemented w/740 sx Pacesetter Lite C w/10% salt (yield 1.99, wt 12.6). Followed w/300 sx Class C w/2% CaCl2 (yield 1.33, wt 14.8). PD 10:00 AM 8-30-90. Bumped plug to 750 psi, float held okay. Cement circulated 125 sacks. WOC. Cut off and weld on flow nipple. Drilled out 4:00 AM 8-31-90. WOC 18 hrs. Reduced hole to 12 1/4". Resumed drilling. 9-2-90. Ran 69 joints 9-5/8" 36# J-55 ST&C casing set 3006'. Guide shoe set 3006', float collar set 2964', DV tool set 1528'. Cemented 1st stage: 200 sx Pacesetter Lite w/10% salt + 100 sx Pacesetter Lite w/10% Thixad (yield 1.99, wt 12.6). Followed w/200 sx Class C w/2% CaCl (yield 1.33, wt 14.8). PD 10:20 PM 9-2-90 with 1000 psi, float held. Opened DV tool. Pumped 6 bbls. SD 3 hrs. Cemented 2nd stage: 480 sx Pacesetter Lite C w/10% Gilsonite (yield 2.14, wt 12.1). Followed w/200 sx Class C w/2% CaCl (yield 1.33, wt 14.8). PD 3:00 AM 9-3-90 w/1600 psi, open DV - held. Cement did not circulate. WOC 8 hrs. Ran Temp. Survey, found TOC 1440'. Ran 1", tag cement 1406'. Spot 100 sx Class C w/2% CaCl. PD 1:00 PM 9-3-90. WOC 2 hr. Ran 1", tag cement 584'. Spot 100 sx Class C w/2% CaCl. PD 3:00 PM 9-3-90. Ran 1", tag cement 45'. Spot 45 sx Class C w/2% CaCl. Circulated 5 sacks. WOC. NU and tested to 2500 psi for 30 minutes. Drilled out 4:00 PM 9-4-90. WOC 37 hrs. Reduced hole to 8-3/4". Resumed drilling.

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

SIGNED Janita Doadler

TITLE Production Supvr.

DATE 9-5-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side