

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit G, 1980' FNL & 1980' FEL, Sec. 33-T20S-R29E

5. Lease Designation and Serial No.
NM 0473817

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Chamois AKE Fed. Com #1

9. API Well No.
30-015-26923

10. Field and Pool, or Exploratory Area
Undesignated Morrow

11. County or Parish, State
Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other Production Casing | <input type="checkbox"/> Dispose Water |

CORRECT WELL STATUS TO GAS WELL.

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 12220'. Reached TD 8-16-92. Ran 286 joints 17# and 20# N-80 8rd LT&C 5-1/2" casing set 12220'. Float shoe set 12220', float collar set 12173'. DV tool set 9041'. Cmt'd in two stages as follows: Stage I - 500g. Surebond, 500g. WMW-1, 925 sx "H", 5#/sx CSE, 10#/sx Gilsonite, 1.25% CF-14, .15% WR-15 (yield 1.21, wt 15.6). PD 10:00 AM 8-19-92. Circulated 30 sacks. Circulated thru DV tool for 2 hrs. Stage II - 560 sx Super "H", 3% Salt + 5#/sx Gilsonite (yield 2.3, wt 11.5). PD 2:00 PM 8-19-92. Bumped plug to 2700 psi for 5 mins, float held OK. WOC 24 hours.

CORRECT WELL TYPE FROM OIL TO GAS. TYPE OF WELL ERRONEOUSLY CHECKED AS OIL.

1992

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

Signature Shirley A. Goodlett Title Production Supervisor Date 8-24-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.