

RECEIVED
APR 23 11 25 AM 1993

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 54298
2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit B, 1310' FNL & 2630' FEL, Sec. 12-T20S-R30E - Surface Unit F, 2449' FNL & 1512' FWL, Sec. 12-T20S-R30E - Proposed BHL	8. Well Name and No. Amaranth AMG Federal Com #1
	9. API Well No. 30-015-27375
	10. Field and Pool, or Exploratory Area Wildcat Morrow
	11. County or Parish, State Eddy County, 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Set Surface Casing & Intermediate Casing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(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.)
 4-13-93. Cut off 20" NU 20" hydril. Tested hydril. TIH, tagged cement @ 384', after WOC 24-1/2 hrs. Drilled out 11:30 PM 4-12-93. Resumed drilling 17 1/2" hole. Ran 35 joints 13-3/8" 54.5# J-55 ST&C casing set at 1588'. Guide shoe set 1588', float collar set 1546'. Cmt'd w/1000 sx PSL w/ 10#/sx Salt + 1/4#/sx Celloseal (Yld 2, wt 12.6). Followed w/300 sx Class "C" + CaCl2. PD 9:30 AM 4-14-95 with 1500 psi. Circulated 200 sacks. WOC. Drilled out 8:30 AM 4-15-93. WOC 35 hours. NU and tested to 2200 psi, OK. Resumed drilling. Lost returns at 2240'. Drilled with no returns to 4050'. TD 12 1/2" hole 7:15 PM 4-20-93. Ran 90 joints 8-5/8" 32# J-55 ST&C casing set 4050'. Float shoe set 4050', float collar set 4002'. Davis Lynch Packer/Stage Collar set 2150'. Cmt'd in 2 stages: Stage 1 - 575 sx PSL "C" + 1/4#/sx Celloseal, 5#/sx Gilsonite + 3% CaCl2 (yld 2.1, wt 12.7) + 200 sx "C" w/1% CaCl2 (yld 1.32, wt 14.8). PD 1:30 AM 4-22-93. Bumped plug to 1250 psi, float held OK. Circulated 50 sacks. Stage 2 - 700 sx PSL "C" w/1/4#/sx Celloseal + 3% CaCl2 (yld 1.86, wt 12.1) + 200 sx "C" + 1% CaCl2 (yld 1.32, wt 14.8). PD 4:15 AM 4-22-93. Bumped plug to 500 psi, float held OK. Circulated 100 sacks. NOTE: 2nd stage cement fell back. Ran Temp. Survey. Found TOC 1560'. Ran 1" to 1565' (tagged cement). Pumped 250 sx "C" w/2% CaCl2 (yld 1.32, wt 14.8). PD 3:00 PM 4-22-93. WOC 2 hrs. Ran 1" to 700'. Tagged cement. Pumped 240 sx "C" Neat. PD 5:45 PM 4-22-93. Circulated 25 sx to pit. WOC. Drilled out 5:00 PM 4-23-93. WOC 39 hrs and 30 minutes. NU and tested to 1000 psi for 15 minutes, OK. Reduced hole to 7-7/8" and resumed drilling.

14. I hereby certify that the foregoing is true and correct
 Signed *W. Anita D. Dodds* Title Production Supervisor Date 4-27-93
 (This space for Federal or State office use)

Approved by _____ Title _____ Date _____
 Conditions of approval, if any: