

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUM
OF COPIES REC'D
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

45F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 65419	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		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 1980' FNL & 660' FEL, Sec. 35-22S-31E		8. FARM OR LEASE NAME David Ross AIT Federal	
14. PERMIT NO 30-015-26629		9. WELL NO. 1	
15. ELEVATION (Show whether OF, RT, GR, etc.) 3463' GR		10. FIELD AND POOL, OR WILDCAT Undes. Bone Springs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 35-T22S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED
MAR 11 1991
O. C. D.
ARTESIA OFFICE

16. 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 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"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<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 26" hole 5:20 PM 2-22-91 with Frank's Rathole Service. Set 40' of 20" conductor. Cemented to surface with redi-mix. Notified BLM, Carlsbad, NM of spud. Resumed drilling 17 1/2" hole 9:00 PM 2-24-91. Ran 16 joints 13-3/8" 54.5# J-55 casing set 697'. Guide shoe set 697', insert float set 650'. Cemented w/450 sx Class C Lite + 2% CaCl2 (yield 1.76, wt 12.8). Tailed in w/200 sx Class C + 2% CaCl2 (yield 1.32, wt 14.8). PD 2:10 AM 2-26-91. Bumped plug to 400 psi, float held okay. Circulated 195 sacks. WOC. Drilled out 7:00 AM 2-27-91. WOC 28 hrs and 50 minutes. Reduced hole and resumed drilling.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 2-28-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS