

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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458
DISTRICT
Modified Form No.
ND60-3160-4

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		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		15. ELEVATIONS (Show whether OF, AT, OR GR) 3463' GR		8. FARM OR LEASE NAME David Ross AIT Federal	
14. PERMIT NO. API #30-015-26629				9. WELL NO. 1	
				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	

16. 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 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) Intermediate Casing <input checked="" 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.)

Verbal permission obtained by Rex Gates, YPC, to change hole size from 12 1/4" to 11". TD 11" hole 10:45 PM 3-4-91. Ran 103 joints 8-5/8" 32# J-55 and S-80 casing set 4465'. Guide shoe set 4465', float collar set 4426'. Cemented w/1450 sx Lite + 10#/sx salt + 1/4#/sx Celloseal (yield 1.99, wt 12.6). Tailed in w/200 sx "C" + 1% CaCl2 (yield 1.32, wt 14.8). PD 12:03 PM 3-4-91. Bumped plug to 2200 psi, float did not hold. Displacement was correct. Held pressure on casing for 2 hrs and checked float. No flow back. Circulated 336 sacks. WOC. Drilled out 9:30 AM 3-5-91. WOC 21 hours. Reduced hole and resumed drilling.

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

SIGNED [Signature] TITLE Production Supervisor DATE 3-7-91
(This space for Federal or State office use)

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

*See Instructions on Reverse Side