

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR MAP
OF COPIES REQUIRED
(Other instructions on re-
verse side)

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

C/SF

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"/>		34. Area Code & Phone No. 505/748-1471	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME David Ross AIT Federal	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1	
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		10. FIELD AND POOL, OR WILDCAT Undes. Bone Springs	
14. PERMIT NO. 30-015-26629		15. ELEVATIONS (Show whether NF, RT, GR, etc.) 3463' GR	
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:

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 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) Production 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.)

TD 8450'. Reached TD 3-14-91. Ran 197 joints 5-1/2" 15.5# and 17# J-55 LT&C casing set 8450' as follows: 37 jts 5-1/2" 17# J-55, 140 jts 5-1/2" 15.5# J-55, 20 jts 5-1/2" 17# J-55. Float shoe set 8450', float collar set 8406'. DV tool set 6679'. Marker joint at 7854'. Cemented in 2 stages. Stage 1: 375 sx "H" w/5#/sx CSE + .7% CF-14 + 5#/sx Gilsonite + 1/4#/sx Celloseal (yield 1.37, wt 14.8). PD 12:30 PM 3-16-91 with 1450 psi. Circulate thru DV tool 4 hrs. Circulate 123 sx cement. Stage 2: 100 sx "C" + 5#/sx Salt + .5% CF-1 + 3#/sx Gilsonite + 1/4#/sx Celloseal (yield 1.32, wt 14.8) and 285 sx "C" Lite + 3#/sx Gilsonite + 1/4#/sx Celloseal (yield 1.99, wt 12.4). Tailed in w/100 sx "C" + 5#/sx Salt + .5% CF-1 + 3#/sx Gilsonite (yield 1.32, wt 14.8). PD 5:20 PM 3-16-91 with 2450 psi. Calculated top to cement on second stage 4250'. Did not circulate 2nd stage. WOC. WOCU.

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

SIGNED Guarinto S. S. S. TITLE Production Supervisor

DATE 3-20-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

