

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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 GAS WELL OTHER P&A

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL & 1980' FWL

14. PERMIT NO. API #30-005-70102

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3721' GR

RECEIVED BY
APR - 1 1987
O&G
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 13979

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DeKalb PG Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Bitter Lakes SA

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
Unit N, Sec. 13-T10S-R25E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

18. 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 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.)*

3-4-87. Plugged well as follows:

Set 100 sx plug at 1100'. Tagged plug at 800'. Plug was spotted to cover shoe and liner top both in one plug.

Set 75 sx plug at 800'. Tagged plug at 651'.

Set 10 sx plug at surface.

Installed dry hole marker. Cleaned location and cut off anchors.

Post ID-2
4-3-87
P&A

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

SIGNATURE Juanita D. Odell TITLE Production Supervisor DATE 3-11-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

MAR 26 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA