

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

NM Oil Cons. Commission
Bureau of Land Management
Instruction on re-

Expires August 31, 1985
c1sf

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO NM - 19421
2. NAME OF OPERATOR Yates Petroleum Corporation ✓	MAR 23 '90	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South Fourth Street, Artesia, New Mexico 88210	C. C. D. ARTESIA, OFFICE	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 990' FNL & 990' FEL		8. FARM OR LEASE NAME Catterson "SS" Fed. Com.
		9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-T7S-R26E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649.5' GR	12. COUNTY OR PARISH Chaves
		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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	Variance <input checked="" 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) <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.) *

Change casing and hole size from 10 3/4" casing & 14 3/4" hole to 8 5/8" 24# casing and 10 3/4" hole with 475 sacks cement circulated.

Also Yates is requesting a variance be granted in requiring the casing to be tested to 1500 PSI to testing the casing to 1000 PSI. The rig pumps will be used to do testing.

Yates request this due to the following:

- (1) Maximum shut in bottom hole pressure is 1100 PSI. Pressure at the surface will be less than this.
- (2) Rig pumps used in this area cannot safely test above 1000 PSI. In order to test casing to higher pressures, an independent service would have to be hired. This would result in greater expense in drilling the well.

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

SIGNED Clifton R. May

TITLE Permit Agent

DATE 3-13-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE
PETER W. CHESTER

MAR 16 1990

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA