

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

BLM ROSWELL DISTRICT
Modified Form No.
NM60-3160-4

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 42554
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION				6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210				7. UNIT AGREEMENT NAME Salt Creek Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL, Sec. 1-8S-21E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 1-T8S-R21E		8. FARM OR LEASE NAME -----
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4283.5' GR		9. WELL NO. 2
				10. FIELD AND POOL, OR WILDCAT Wildcat W. Pecos Slope Abo
				12. COUNTY OR PARISH Chaves
				13. STATE NM

RECEIVED

MAR 6 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 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 checked="" type="checkbox"/> Change surface casing, spud	

(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.)

Received verbal permission from Peter Chester, BLM, Roswell, NM, 2-28-91 to change casing program as follows:

From: 12-3/4" hole size - 9-5/8" casing, 43.5# set @ 725'
To: 12-1/4" hole size - 8-5/8" casing, 24# set @ 850'

Spudded 26" hole 8:30 PM 2-28-91. Set 40' of 20" conductor pipe. Cement trucks will arrive approximately 9:00 AM 3-1-91 to cement to surface. Notified Pat Flannery, BLM, Roswell, NM, of spud.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 3-1-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side