

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
BUDGET Bureau No. 1004-0135  
Expires August 31, 1985  
Artesia, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b> <b>MAY 17 1984</b> <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>	5. LEASE DESIGNATION AND SERIAL NO. NM 39765
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 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 1930' FSL & 1980' FEL, Sec. 23-T3S-R14E		8. FARM OR LEASE NAME Bonita ZC Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) -6225' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 23-3S-14E
		12. COUNTY OR PARISH Lincoln
		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 checked="" 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.) \*

Moved in rat hole and spudded a 26" hole 10:00 AM 4-9-84. Set 20" conductor pipe at 40'. Moved in rotary tools on 4-16-84 and drilled 14-3/4" hole. Ran 14 joints of 10-3/4" 40.5# J-55 ST&C casing set at 556'. 1-Texas Pattern notched guide shoe set at 556'. Insert float set at 522'. Cemented w/200 sacks Pacesetter Lite, 3% CaCl2 and 10#/sack Hi-Seal. Tailed in w/150 sacks Class C 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hours. PD 6:00 AM 4-19-84. Bumped plug to 750 psi, released pressure and float held okay. Cement circulated 30 sacks. Cement fell back. Filled hole w/3-1/2 yards of Ready-Mix. WOC. Drilled out at 12:00 midnight 4-19-84. WOC 18 hours. NU and tested to 1000# for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling. NOTE: Lost returns at spud and pumped pill and regained returns. Lost returns at 515'. Pumped pill and regained returns.

I hereby certify that the foregoing is true and correct

SIGNED P. J. B. B. B.

TITLE Production Supervisor

DATE 4-20-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY PETER W. CHESTER  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 16 1984

\*See Instructions on Reverse Side