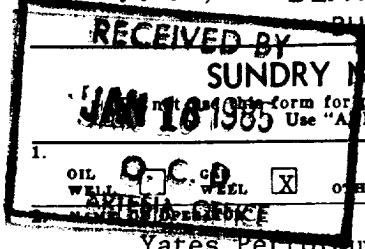


NEW MEXICO OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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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"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 37128
2. ADDRESS OF OPERATOR Yates Petroleum Corporation 207 South 4th St., Artesia, NM 88210		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. 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. 27-T2S-R19E		7. UNIT AGREEMENT NAME
4. PERMIT NO.		8. FARM OR LEASE NAME Chisum "AAW" Federal
5. ELEVATIONS (Show whether DF, RT, GR, etc.) 4954' GR		9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 27-2S-19E
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:

SUBSEQUENT REPORT OF:

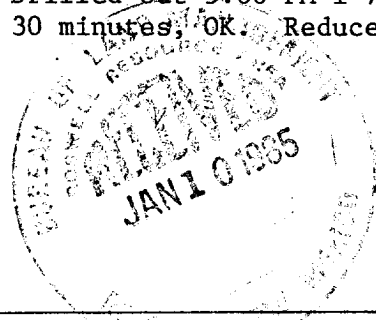
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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.)

Spudded 17-1/2" hole 11:00 PM 1-4-85. Lost returns 144'. Mixed and pumped LCM. Ran 10 joints 13-3/8" 54.5# J-55 ST&C casing set 420'. 1-Type M Notched guide shoe set 420'. Insert float set 378'. Cemented w/300 sx Pacesetter Lite w/15#/sx Hiseal, 1#/sx celloseal, 2#/sx Permacheck and 3% CaCl2. Tailed in w/200 sx Class C w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 6:45 PM 1-6-85. Bumped plug to 800 psi, released pressure and float did not hold. Shut casing in. Cement did not circulate. WOC 8 hrs. Ran Temperature Survey and found top of cement 150'. Ran 1". Tagged cement 140'. Spotted 25 sx Class C w/4% CaCl2. PD 3:00 AM 1-7-85. WOC 1-1/2 hrs. Ran 1". Tagged cement 120'. Spotted 25 sx Class C w/4% CaCl2. PD 4:30 AM 1-7-85. WOC 1-1/2 hrs. Ran 1". Tagged cement 120'. Spotted 25 sx Class C w/4% CaCl2. PD 6:00 AM 1-7-85. WOC 1-1/2 hrs. Ran 1". Tagged cement 90'. Spotted 40 sx Class C 4% CaCl2. PD 7:45 AM 1-7-85. Cement circulated 5 sacks. WOC. Drilled out 5:00 PM 1-7-85. WOC 22 hrs and 15 minutes. NU and tested to 1500 psi for 30 minutes, OK. Reduced hole to 12-1/4". Drilled plug and resumed drilling.



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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 1-8-85

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE Production Supervisor DATE 1-8-85

JAN 15 1985

*See Instructions on Reverse Side