

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION

Drawer DD
SUBMIT IN TRIPL
Antelope, NM 88210
Verso Side

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

C/SF

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 <input type="checkbox"/>		RECEIVED BY JAN 24 1985 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 37128	
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 1980 FNL & 1980 FEL, Sec. 27-T2S-R19E			8. FARM OR LEASE NAME Chisum AAW Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4954' GR		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT Wildcat - <i>Also</i>
				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 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"/> Intermediate Casing	

(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.) *

1-8-85. Ran 29 jts 8-5/8" 24# J-55 casing set 1200'. 1-Type M notched guide shoe set 1200'. Insert float set 1168'. Cemented w/500 sx Pacesetter Lite, 5#/sx Hiseal, 1/2#/sx celloseal and 3% CaCl2. Tailed in w/200 sx Class C 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 5:30 AM 1-9-85. Bumped plug to 750 psi, released pressure and float held okay. Cement circulated 50 sx. WOC. Drilled out 11:30 PM 1-9-85. WOC 18 hrs. NU and tested to 1500 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED *Quanta Goodlett*

TITLE Production Supervisor

DATE 1-15-85

(This space for Federal or State office use)

APPROVED BY *PIETER W. CHESTER*

TITLE

DATE

JAN 18 1985

*See Instructions on Reverse Side