

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

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

c/5F

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A	RECEIVED BY AUG 19 1986 O. C. D.	5. LEASE DESIGNATION AND SERIAL NO. NM 37080
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 1830 FNL & 1980 FWL, Sec. 27-T6S-R19E		8. FARM OR LEASE NAME Macho Uno ABL Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5003' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat - <i>Ab</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 27-6S-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:

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 type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

TD 3532'. Plugged and abandoned well as follows:

Plug #1: w/30 sx Class "C" 2% CaCl₂ set at 2153-2253'. PD 9:45 PM 2-3-85. WOC 1-1/4 hrs. Tagged at 2145'.

Plug #2: w/30 sx Class "C" 2% CaCl₂ set at 993-1094'. PD 12:00 AM 2-4-85. WOC 1 hr. Tagged at 980'.

Plug #3: w/10 sx Class "C" 2% CaCl₂ set at 100' to surface. PD 2:00 AM 2-4-85.

Circulated 2 sacks. Installed dry hole marker. Location will be cleaned and restored. Verbal permission obtained 2-3-85 from Armando Lopez, BLM, Roswell, for above plugging procedure.

Post ID-2
3-1-85
P&A

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

SIGNED *Armando Lopez* TITLE Production Supervisor DATE 2-5-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
PETER WACHSTER

AUG 15 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side