

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons. Division

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Case Designation and Serial No.

NM-81708

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Palo Verde AJV Fed Com #1

9. API Well No.

30-015-26907

10. Field and Pool, or Exploratory Area

Undesig. Wolfcamp

11. County or Parish, State

Eddy Co., NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

YATES PETROLEUM CORPORATION

(505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

760' FSL & 660' FWL of Section 24-T20S-R24E (Unit M, SWSW)

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Propose to abandon perforations 7718-7780' (Canyon) and recomplete to Wolfcamp as follows:

1. Install BOP. TOOH with pumping equipment.
2. Rig up wireline. TIH with gauge ring to 7700'. Set CIBP at 7700' and cap with 35' of cement.
3. Perforate 6374-6476' (Wolfcamp), acidize as necessary.
4. Swab test. If swab test is successful, TOOH with RBP. TIH with packer and set packer at 6300'. Nipple up wellhead. Release well to production department.
5. If Wolfcamp zone is not productive, set a CIBP at 6340'. Load casing with 2% KCL with corrosion inhibitor. Perform Casing Integrity Test to TA well.

NOTIFY BLM-CARLSBAD (505-887-6544) & OCD-ARTESIA (505-748-1283) IN SUFFICIENT TIME TO WITNESS CASING INTEGRITY TEST IF WOLFCAMP ZONE IS NOT PRODUCTIVE

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

Signed

Rustyn Green

Title Operations Technician

Date Dec. 10, 1997

(This space for Federal or State office use)

(ORIG. SGD.) LES BABYAK

REC 10 1997

Approved by

Conditions of approval, if any:

Title

Date