

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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

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"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 56748	
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 FSL & 660 FEL, Sec. 10-T7S-R33E		8. FARM OR LEASE NAME Weistrop ABB Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4379' GR		10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 10-7S-33E	
		12. COUNTY OR PARISH Roosevelt	
		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Production Casing</u>	<input checked="" 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.)*

TD 8500'. Ran 203 joints 5-1/2" 17# and 15.5# J-55 LT&C casing as follows: 39 jts 5-1/2" 17# J-55 LT&C; 146 jts 5-1/2" 15.5# J-55 LT&C and 18 jts 5-1/2" 17# J-55 LT&C, casing set 8500'. 1-Regular cement guide shoe set 8500'. Super Seal float collar set 8461'. Cemented w/875 sx 50/50 Poz w/5% gel and 1/4#/celloseal. Tailed in w/375 sx Class "C" w/.6% CF-1 and 2% KCL. Compressive strength of cement - 800 psi in 12 hrs. PD 6:45 AM 1-12-85. Bumped plug to 2250 psi, released pressure, float held OK. WOC 18 hrs.

JAN 29 1985

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

SIGNATURE Pamela Goodlett TITLE Production Supervisor DATE 1-23-85

(This space for Federal or State RECORD)
PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 30 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA
*See Instructions on Reverse Side

RECEIVED

FEB - 4 1985

REC'D
HONOR OFFICE