

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONDS. COMMISSION
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	

13.

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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 2:00 PM 12-19-84. Ran 9 joints 13-3/8" 54.5# J-55 ST&C casing set 351'. 1-Texas Pattern notched guide shoe set 351'. Insert float set 309'. Cemented w/300 sx C1 C w/2% CaCl2. compressive strength of cement - 1250 psi in 12 hrs. PD 6:00 AM 12-20-84. Bumped plug to 1000 psi, released pressure and float held okay. Cment circulated 45 sacks. WOC. Drilled out 6:45 PM 12-20-84. WOC 12 hours and 45 minutes. Pressure tested casing to 1000 psi for 30 minutes, OK. Reduced hole to 11". Drilled plug and resumed drilling.

DEC 27 1984

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 12-21-84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF

ACCEPTED FOR RECORD

TITLE

DATE

APPROVAL, IF ANY:
PETER W. CHESTER

JAN 17 1985

*See Instructions on Reverse Side

RECEIVED

JAN 22 1985

U.S. HOUSE OF REPRESENTATIVES