

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

MISSION
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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 0256521
2. NAME OF OPERATOR Yates Drilling Company	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 1650 FNL & 990 FWL, Sec. 34-T12S-R31E	8. FARM OR LEASE NAME Burkitt Federal
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4222' GR	10. FIELD AND POOL, OR WILDCAT Undes. Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E, Sec. 34-12S-31E
	12. COUNTY OR PARISH Chaves
	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 checked="" 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

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

17. TIME, KIND 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 12-1/4" hole 11:15 AM 5-5-84. Ran 9 joints of 8-5/8" 24# J-55 casing set 370'. 1-Texas Pattern notched guide shoe set 370'. Auto-fill insert float set 330'. Cemented w/250 sacks Class "C" 25% Poz, 1/4#/sack flocele. Tailed in w/125 sacks Class "C" 3% CaCl2. Compressive strength of cement - 1250 psi in 12 hours. PD 8:48 PM 5-5-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 45 sacks. WOC. Drilled out 2:48 PM 5-6-84. WOC 18 hours. Nippled up and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Production Supervisor DATE 5-15-84

(This space for Federal or State Office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 17 1984

*See Instructions on Reverse Side

RECEIVED BY
MAY 21 1984
O. C. D.
ARTESIA OFFICE

RECEIVED
MAY 28 1984
O.C.D.
HOBBS OFFICE