

CONTACT RECEIVED  
N. M. OIL CODE 108108  
P. O. BOX 108108  
ALBUQUERQUE, NEW MEXICO 87240  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

BLM Roswell District  
Modified Form No.  
NM60-3160-4

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.)

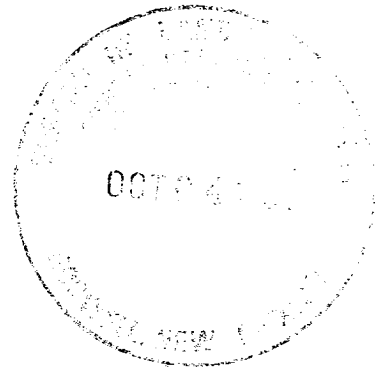
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 81259	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 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' FSL & 1650' FEL, Sec. 21-T14S-R30E				8. FARM OR LEASE NAME Vest Ranch RE Federal	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Undes. Queen	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 21-14-30	
14. PERMIT NO. 30-005-21086		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3874.6' GR		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. 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.) \*

9-6-89. Reached TD to run 8-5/8" casing 11:00 PM 9-5-89.  
Ran 17 joints 8-5/8" 24# J-55 casing set 500'. Guide shoe set 500'. Insert float set 464'. Cemented w/200 sx Class C + 1/2#/sx Flocele + 3% CaCl2 (yield 1.32, wt 14.8). Tailed in w/200 sx Class C + 2% CaCl2 (yield 1.32, wt, 14.8). PD 12:15 PM 9-6-89. Bumped plug to 800 psi, released pressure and float held okay. Circulated 50 sacks to pit. WOC.  
Drilled out 12:00 PM 9-8-89. WOC 48 hrs and 15 minutes. Cut off and weld on flow nipple. Reduced hole to 8". Resumed drilling.  
10-2-89. Drilling 1885' with cable tool.



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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 10-3-89.

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

NOV 2 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side