

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction:  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 36485

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME Folly Z0 Federal
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL & 990 FEL, Sec. 24-T7S-R32E	10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4442.1' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 24-T7S-R32E
	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 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.) \*

5-29-84. Spudded an 18" hole 8:00 AM 5-29-84. Set 40' of 14" conductor pipe.  
5-31-84. Resumed drilling w/rotary tools 7:00 PM 5-31-84.  
6-3-84. Ran 47 joints of 8-5/8" 24# J-55 casing set 1822'. 1-Texas Pattern notched guide shoe set 1822'. Insert float set 1784'. Cemented w/500 sacks Pace-setter Lite w/3% CaCl2. Tailed in w/200 sacks Class "C" 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hours. PD 3:15 AM 6-3-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 40 sacks. WOC. Drilled out 3:15 PM 6-3-84. WOC 12 hours. Nippled up and tested to 1000 psi for 30 minutes, okay. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED Peter V. Chester TITLE Production Supervisor DATE 6-5-84

(This space for Federal or State office use)

APPROVED BY PETER V. CHESTER TITLE Production Supervisor DATE 6-5-84

CONDITIONS OF APPROVAL IF BY CHESTER  
JUN 8 1984

\*See Instructions on Reverse Side