

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

RECEIVED

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER RE-ENTRY		5. LEASE DESIGNATION AND SERIAL NO. NM 63027	
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 1980' FNL & 660' FEL, Sec. 7-T19S-R33E		8. FARM OR LEASE NAME Inexco AHY Federal	
14. PERMIT NO. 30-025-25470		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3665' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Morrow <i>Buffalo Penn</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 7-19S-33E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Re-Entry spud, perforate	<input checked="" 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.)\*

8-21-90. Notified BLM, Carlsbad, NM and Hobbs, NM of plans to spud.  
8-22-90. Spudded 12:00 noon 8-22-90. Drilled to TD 1817', circulating heavy mud.  
8-26-90. Continue drilling cement - drilled cement 5440-5558' (5-1/2" casing stub).  
Unable to get into 5-1/2" casing at 5558'.  
8-27-90. POH. Ran 7-5/8" cutrite shoe and 30' 7-1/2" washpipe. Mill 5558-5564' in 5 hrs.  
POH. Ran dress-off mill with bars and 4-3/4" drill collars. Milled top of 5-1/2" 5558-5560'  
with skirted dress-off mill. GIH w/4-5/8" concave mill. RIH w/7-1/4" lead blocks on tubing.  
Pulled block - had impression of 5-1/2" casing. Ran 172 jts 5-1/2" 17# casing (5547') with  
bottom slip joints making length 5555'. Set slips. NU wellhead and BOP. Started drilling  
5558' w/4-5/8" cutrite concave mill. Drilled cement to 5583'. Circulated and drilled 5650-  
7515'. Drilled cement 7515-7690'. Drilled and circulated heavy mud to 9500'.  
8-29-90. Drilled and circulated from 7690-13016'.  
8-30-90. Attempted to drill obstruction - would not drill.  
8-31-90. Drilled 4 hrs with 4 1/2" OD bit. Made no hole - appeared to be drilling on dump  
bailer used to cap CIBP at 13100'. Perforated Strawn 12140-12168' w/16 - .42" holes as  
follows: 12140, 41, 42, 45, 48, 49, 50, 55, 56, 57, 60, 61, 62, 66, 67, and 12168'.  
Acidized perms 12140-168' w/1500 gals acid. Well cleaned up and flowed 100 psi on 1/4"  
choke = 166 mcfgpd. Advised Steve Cathey, BLM, Carlsbad, NM, well had burnable gas. Steve  
Cathey advised he would visit well 9-1-90.  
9-1-90. Steve Cathey, BLM, Carlsbad, NM, advised lease was held and we could proceed with  
our operations.

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

SIGNER *Michael S. Sedlett* TITLE Production Supvr. DATE 9-4-90

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side