

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 15920
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 810 FSL & 1830 FWL, Sec. 30-T18S-R34E		8. FARM OR LEASE NAME Howe TG Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3882' GR		10. FIELD AND POOL, OR WILDCAT EK Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 30-18S-34E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. 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 PLANS <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.)*

12-8-84. Spudded 17-1/2" hole 12:00 noon 12-8-84. Ran 9 joints 13-3/8" 54.5# J-55 ST&C casing set 350'. 1-Texas Pattern guide shoe set 350'. Insert float set 332'. Cemented w/375 sx Class C w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 10:30 PM 12-8-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 37 sacks to pit. WOC.
10-9-84. Drilled out 10:30 AM 12-9-84. WOC 12 hrs. Tested casing to 1000 psi for 30 minutes, OK. Cut off and welded on flow nipple. Reduced hole to 11". Drilled plug and resumed drilling.

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

SIGNED Antonio Goodlett

TITLE Production Supervisor

DATE 12-11-84

(This space for Federal or State office use)

APPROVED BY Heck
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

DEC 14 1984

*See Instructions on Reverse Side