

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 59392

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 Lusk AHB Federal	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1930' FNL & 1650' FEL, Sec. 35-19S-32E		10. FIELD AND POOL, OR WILDCAT East Lusk Delaware	
14. PERMIT NO. 30-025-31042		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABMA Unit G, Sec. 35-T19S R32E	
		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:

SUBSEQUENT REPORT OF:

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 PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) Production Casing, Perforate <input checked="" type="checkbox"/>	

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

17. DESCRIBE PROMISED OR COMPLETED OPERATION* (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.)*

TD 10600'. Reached TD 11-20-90. Ran 243 jts 5 1/2" 17# casing set 10600' as follows: 55 jts 17# N-80 LT&C, 127 jts J-55 LT&C, 61 jts N-80 LT&C. Float shoe set 10600', float collar set 10553'. DV tools set 8217' and 3824'. Marker jts at 10268, 9541, and 4579'. Cmt'd in 3 stages. Stage 1: 1000g. Surebond + 500g. WMW1 followed w/550 sx 50/50 Poz H w/.4% CF-14 and .3% Diacel LWL (yield 1.29, wt 14.1). PD 8:45 AM 11-23-90. Bumped plug and held okay. Circulated thru DV tool 2 1/2 hrs. Circulated 75 sx. Stage 2: 1000g. Surebond + 500g. WMW1. Tailed in w/1250 sx Class C w/.8% CF-14, 10% salt (yield 1.34, wt 14.9). PD 12:30 PM 11-23-90. Bumped plug to 3000 psi. Circulated 100 sx. Stage 3: 350 sx Pacesetter Lite C w/6% gel (yield 12.4, wt 1.98). Followed w/100 C Neat (yield 1.32, wt 14.8). PD 3:00 PM 11-23-90. Bumped to 2000 psi. Cement did not circulate. WOC 6 hrs. Ran Temp. Survey - TOC 735'. Note: DV tools closed 2nd and 3rd stages. WOCU 6 days.

12-4-90. Drilled out DV tools.

12-8-90. Perforated 10372-10485' w/20 .42" holes as follows: 10372, 373, 374, 375, and 376 (5 holes), 10393, 394, 395, 396, 397 (5 holes), 10476, 477, 478, 479, 480, 481, 482, 483, 484, and 485 (10 holes). Treated perms 10476-10485' w/1000g. 15% NEFE acid. Acidized perms 10372-10485' w/15000 g. gelled MOD-202 w/additives.

12-15-90. Perforated 10227-10245' w/20 .42" holes as follows: 10227, 229, 231, 233, 235, 237, 239, 241, 243, and 10245' (2 SPF). Acidized perms 10227-10245' w/1500g. 15% acid and ball sealers.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 12-20-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side