

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions
verue aide)

Modified Form No.

MD60-3160-4

10. LEASE DESIGNATION AND SERIAL NO.

NM 63016

11. IF INDIAN, ALLOTTEE OR TRIBE NAME

12. UNIT AGREEMENT NAME

13. FARM OR LEASE NAME

Belco AIA Federal

14. WELL NO.

1

15. FIELD AND POOL, OR WILDCAT

Wildcat Wolfcamp

16. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit J, Sec. 14-T20S-R32E

17. COUNTY OR PARISH

Lea

18. STATE

NM

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"/> RE-ENTRY	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION	3a. Area Code & Phone No. 505/748-1471
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL, Sec. 14-20S-32E	
14. PERMIT NO. 30-025-26826	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3539' GR

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 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) <input type="checkbox"/> Re-Entry, drill out, treat	<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. Spud 12:15 PM 8-21-90. Drilled surface plug from 12' to 15'. Notified BLM, Carlsbad, NM and Hobbs, NM of spud. Tag plug #2 at 1265'. Drilling 1400' at 6:00 AM, 8-22-90. Drilled cement from 1400-1500'. Washed down to 4512'. Drilled cement from 4512-4641'. Washed down to 9500'. Drilled cement from 9500' to 9930'. Washed to 11430'. Circulated clean and POOH. GIH open-ended and start circulating.
8-26-90. Spot 80 sx Class H w/1% TF-4 (mix at 18 ppg) at 11440-11175'. POOH. TIH w/ 6-5/8" bit and drill collars and 100 stands 2-7/8" tubing. WOC 24 hrs. Continue in hole and tag hard cement 11273'.
8-27-90. TIH with 6 jts 2-7/8" tailpipe, 7-5/8" Unit VI packer with on/off tool and 1.81 "F" nipple. Landed tailpipe at 11038' to bottom of packer at 10857', seating nipple at 10850'. Started swabbing to tank 6:00 PM with show of gas and skim of oil.
8-28-90. Continued swabbing 1 BOPH until 1:00 P.M. Acidized well with 4000 gals 20% NEFE acid.

NOTE: FIRST PRODUCTION 8-28-90.

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

SIGNATURE *James A. Daulton*

TITLE Production Supvr.

DATE 8-29-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED

AUG 30 10 17 AM '90