

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	5. Lease Designation and Serial No.  NM-14329
2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit J, 1980' FSL & 1980' FEL of Section 8-T21S-R32E	8. Well Name and No. Union AJS Federal #1
	9. API Well No. 30-025-31412
	10. Field and Pool, or Exploratory Area Wildcat Delaware
	11. County or Parish, State Lea Co., NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other 5-1/2" casing & cement	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

7-6-93 - Cleaned location, set and tested anchors and markers. Moved in and rigged up pulling unit.  
7-7-93 - Nipped up BOP. TIH w/retrieving tool and 2-7/8"N-80 tubing to 4247'. Unset RBP at 4247'. TOOH w/2-7/8" tubing and RBP. TIH w/7-7/8" bit, drill collars and tubing to 4250'.  
7-8-93 - TIH w/bit, drill collars and tubing to 8610'. Circulated 4 hours. TOOH w/tubing. Laid down drill collars and bit. TIH w/tubing to 8522'. Cemented with 40 sacks Class "H" 2% CaCl<sub>2</sub>. TOOH to 4300'. WOC 2 hours. TIH and tagged cement plug at 8400'. TOOH. Laid down 67 joints of 2-7/8" tubing to 6310'. Cemented with 40 sacks Class "H" 2% CaCl<sub>2</sub>. TOH with tubing to 4300'. WOC 2 hours. TIH w/tubing and tagged cement plug at 6179'. TOOH with tubing. Changed 2-7/8" tubing rams and installed 5-1/2" casing rams.  
7-9-93 - Ran 151 joints of 5-1/2" 15.5# casing as follows: 4 joints of 5-1/2" 15.5# J-55 (165.04'); 35 joints of 5-1/2" 15.5# J-55 (1389.56') and 112 joints of 5-1/2" 15.5# J-55 (4642.42') (Total 6197.02') of casing set at 6195'. Halliburton Float shoe set at 6195'. Halliburton Float collar set at 6153'. Cemented with 475 sacks "H", 8#/sack CSE, 5/10% CF-14, 3.5/100 Thriftylite and 5#/sack gilsonite (yield 1.76, weight 13.6). PD 1:15 PM  
7-9-93. Bumped plug to 1500 psi for 2 minutes. No cement circulated. WOC.

14. I hereby certify that the foregoing is true and correct.		
Signed <u>Lusty Klein</u>	Title <u>Production Clerk</u>	Date <u>Oct. 25, 1993</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side