

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 38469
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 330 FSL & 1650 FEL, Sec. 30-T23S-R34E		8. FARM OR LEASE NAME Kestrel ABE Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GR		10. FIELD AND POOL, OR WILDCAT Und. Bell Lake Bone Springs
		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 30-T23S-R-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"/>		<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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Production Casing	<input checked="" type="checkbox"/>		<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.) \*

2-11-85. TD 11800'. Ran 287 joints 5-1/2" casing as follows: 31 jts 17# S-95 LT&C; 244 jts 17# N-80 LT&C and 12 jts 17# S-95 LT&C, casing set 11800'. Float shoe set 11800'. Float collar set 11758'. DV tools set 9185' and 7072'. Cemented in 3 stages. Stage #1: 500 sx Class "H" w/1.25% CF-9. Compressive strength of cement - 850 psi in 12 hrs. PD 12:00 noon 2-11-85. Bumped plug to 1000 psi, released pressure and float held okay. Circulate thru DV tool 6 hrs. Stage #2: 600 sx Class "H" w/1% CF-9. Compressive strength of cement - 850 psi in 12 hrs. PD 6:23 PM 2-11-85. Bumped plug to 1000 psi, released pressure, float held okay. Circulated thru DV tool 6 hrs. Stage #3: 400 sx Class "H" w/.7% CF-9 and 1#/sx Hi-seal. Compressive strength of cement - 850 psi in 12 hrs. DV tool closed. PD 1:50 AM 2-12-85. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. WOC 18 hrs.

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

SIGNED Guillermo Goodlett

TITLE Production Supervisor

DATE 2-14-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY

FEB 25 1985

\*See Instructions on Reverse Side

RECEIVED

FEB 26 1985

O.C.  
HOBBS OFFICE