

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO 88240

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		8. FARM OR LEASE NAME Kestrel ABE Federal	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		9. WELL NO. 1	
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		10. FIELD AND POOL, OR WILDCAT Und. Bell Lake Bone Springs	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 30-T23S-R34E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GR		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Intermediate Casing</u> <input checked="" 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.) \*

1-6-85. Ran 124 joints 8-5/8" casing as follows: 27 jts 32# S-80; 52 jts 32# K-55; 31 jts 24# K-55 and 14 jts 32# K-55, casing set 5192'. Guide shoe set 5192'. Float collar set 5150'. DV tool set 2007'. Cemented in 2 stages as follows: Stage 1: Cemented w/500 sx Pacesetter Lite w/5#/sack salt, followed by 200 sx Class C w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 11:00AM 1-6-85. Bumped plug to 1000 psi, released pressure, held okay. Opened DV tool and circulated for 4 hrs. Stage 2: Cemented w/750 sx Pacesetter Lite w/5#/sack salt, followed by 200 sx Class C w/2% CaCl2. Compressive strength of cement - 950 psi in 12 hrs. PD 5:00 PM 1-6-85. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 27 sacks. WOC. Drilled DV tool, tested to 1500 psi, OK. Drilled out 11:00 AM 1-8-85. WOC 42 hrs. NU and tested to 1500 psi for 30 minutes, Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED Quanta Soule TITLE Production Supervisor DATE 1-10-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: SW

JAN 16 1985

\*See Instructions on Reverse Side