

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-15680
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South Fourth Street - Artesia, NM 88210	7. UNIT AGREEMENT NAME Paduca Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL and 1650' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3454' GR	10. FIELD AND POOL, OR WILDCAT Paduca Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 14-T25S-R32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 checked="" 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 type="checkbox"/>	ABANDONMENT* <input 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.)

Originally we proposed to drill and test the Bone Springs and intermediate formations. We now propose to change and drill and test the Delaware and intermediate formations changing our proposed depth from 10100' to 4900'. This change has been approved in the 1986 Plan of Development. Our casing program was to drill a 17-1/2" hole to approx. 650' and run 13-3/8" casing and circulate cement. Reduce hole size to 12-1/4" and drill to approx. 4715' and run 8-5/8" casing and cement with 1300 sacks. Then reduce hole size to 7-5/8" and drill to total depth and run 5-1/2" production casing and cement with 400 sacks.

We now plan to drill a 12-1/4" hole to approximately 650' and circulate cement to surface after running 8-5/8" 24# & 28# K-55 casing. Will reduce hole size to 7-7/8" and drill to proposed depth of 4900' and run 5-1/2" 17# K-55 & N-80 casing and cement with 200 sacks.

The mud program was FW & LCM to 650', brine to 4715', cut brine, starch & SW gel to TD.

MUD PROGRAM: FW & LCM to 650'; brine to TD

BOP PROGRAM: BOP's will be installed at the offset and tested daily.

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

SIGNED

*Clyde P. May*

TITLE Regulatory Agent

DATE May 9, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

*5-14-86*

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
MAY 15 1986  
G.S. 2.  
HODGES OFFICE