

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMB.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BM Roswell District
Modified Form No.
NM60-3160-4

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"/>		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 26864
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓		RECEIVED FEB 15 '90		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210				7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FEL, Sec. 23-19S-24E				8. FARM OR LEASE NAME Roden GD Federal Com
14. PERMIT NO. 30-015-70122		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632' GR		9. WELL NO. 1
		D. CARLSBAD OFFICE		10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper Penn
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 23-T19S-R24E
				12. COUNTY OR PARISH Eddy
				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) CANYON COMPLETION <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.) *

1-3-90. Set blanking plug in profile nipple at 8298'. Blew well down, loaded tubing. Released on/off tool. Circulated. POOH. WIH and perforated Canyon 7540-7767' w/26 .35" holes as follows; 7540, 41, 42, 44, 45, 46, 47, 7612, 13, 14, 15, 7656, 57, 58, 59, 60, 61, 62, 70, 73, 74, 75, 76, 7763, 65 and 7767'. RIH and set RBP at 7786', packer set 7723'. Swabbed perfs 7763-67'. Pumped 500 gals 20% acid. Moved packer down and pressure tested. Changed out packer and set at 7723'. Swabbed back. Had show of gas on swab. Moved packer above all perfs 7540-7667'. Acidized perfs w/4000 gals 20% NEFE acid. Swab tested well. Did not recover any measureable fluid. Presently evaluating Canyon. Will file recompletion if well is determined to be commercial.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 2-2-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE FEB 15 1990

*See Instructions on Reverse Side