

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

RECEIVED

BLM Roswell District  
Modified Form No.  
NMOG-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM-043625

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Saguaro AGS Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

South Dagger Draw Penn

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

26-20S-24E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

3a. Area Covered by Lease  
505/748-1471

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.  
At surface

1980' FNL & 1980' FWL, Unit F, Sec. 26-T20S-R24E

14. PERMIT NO.

30-015-20396

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3655' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

EFFECTIVE 2-1-90 CHANGE OPERATOR FROM: CONOCO, INC.

TO: YATES PETROLEUM CORPORATION

CHANGE NAME FROM: ROBIN FEDERAL #1

TO: SAGUARO AGS FEDERAL #3

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

SIGNED

TITLE Production Supervisor

DATE 3-23-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

MAR 26 8 32 AM '90  
CARR  
AREA