

Form 3160-5
(July 1989)
(Formerly 9-331)

NM OFF AS. CO. IN STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88201

OFFICE FOR NM
OF COPIES REQ.
(Other instructions on re-
verse side)

BLM ROSWELL DISTRICT
Modified Form No.
NM60-3160-4

2151

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION	3a. Area Code & Phone No. 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 660' FNL & 660' FWL, Sec. 20-19S-25E	
14. PERMIT NO API #30-015-25903	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3580.8' GR

5. LEASE DESIGNATION AND SERIAL NO. NM 0557142	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
7. UNIT AGREEMENT NAME N/A	
8. FARM OR LEASE NAME Ross EG Federal	
9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper Penn	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit D, Sec. 20-T19S-R25E	
12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED
MAR 13 1991
O. C. D.
ARTESIA, OFFICE

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 PLANE <input type="checkbox"/>	(Other) <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.)

Propose to TOOH w/rods, pump and tubing. Perforate Canyon 7941-7951' w/16 .42" holes. Treat perforations 7941-58' w/3000 gals 20% HCL acid. Swab test and evaluate.

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Supervisor</u>	DATE <u>3-5-91</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ADJUTANT ENGINEER</u>	DATE <u>3/11/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side