

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

OFFICE FOR NUMERICAL
OF COPIES REQUIRED
(Other instructions on reverse side)

Modified form no.
NMD60-3160-4

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 | 13. STATE
Eddy | NM

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 GAS WELL OTHER Workover

2. NAME OF OPERATOR | 3a. Area Code & Phone No.
YATES PETROLEUM CORPORATION | 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. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
30-015-25903 | 3580.8' GR

RECEIVED
APR - 8 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 checked="" type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Add perforations	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

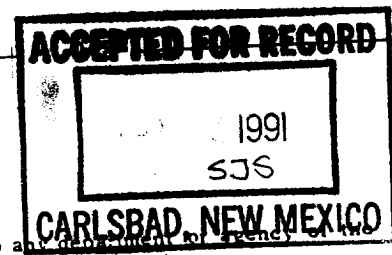
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3-8-91. Perforated 7941-7958' w/16 - .42" holes as follows: 7941, 42, 44, 46, 48, 54, 56 and 7958' (2 SPF-16 holes). Acidized perfs 7941-58' w/3000 gals 20% NEFE acid.
3-13-91. Ran sub pump. Well returned to production.

Perforations open: 7762-7822' (original perfs)
7941-7958' (new perfs)

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Production Supervisor DATE 3-18-91

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

ACCEPTED FOR RECORD