

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

45F

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Recomplete - Canyon		5. LEASE DESIGNATION AND SERIAL NO. NM 25865	
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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL, Sec. 26-19S-24E		7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-015-26189		8. FARM OR LEASE NAME Eng TX Federal	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3655' GR		9. WELL NO. 2	
		10. FIELD AND POOL, OR WILDCAT Undes. Canyon	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 26-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:

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 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Perforate, Treat	<input checked="" 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.)*

6-13-90. Set standing valve in packer over Morrow. Cut off on/of tool and reverse out. ND tree, NU BOP. Lady down 2-7/8" tubing. Perforated Canyon 7618-7685' w/10 - .50" holes as follows: 7618, 20, 22 (3 holes); 7647, 49, 51 (3 holes), 7678, 81, 83, 85 (4 holes). Acidized in 3 stages w/1500 gals 205 NEFE acid.

Evaluating well for dual completion in Morrow 8956-8966' and Canyon 7618-7685'.

RECEIVED
JUL 13 '90
O. C. D.
ARTESIA, OFFICE

RECEIVED
JUL 5 8 23 AM '90
O. C. D.
ARTESIA

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

SIGNED [Signature] TITLE Production Supvr. DATE 7-2-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-2
8-3-90
P & A Mor