

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

457

5. LEASE DESIGNATION AND SERIAL NO.
NM 045274

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hill View AHE Federal Com

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
South Dagger Draw Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit J, Sec. 23-T20S-R24E

12. COUNTY OR PARISH
Eddy

18. STATE
NM

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 AUG 17 '90

2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓ 3a. Area Code & Phone No. 505/748-9414 D.

3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210 ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

1980' FSL & 1980' FEL, Sec. 23-20S-24E

14. PERMIT NO. 30-015-26356 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other) Report 1st production

(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.)

REPORT FIRST PRODUCTION 7-20-90.

CONNECTED TO YATES GAS GATHERING SYSTEM 7-20-90.

RECEIVED
AUG 15 10 59 AM '90
CANNON AREA OFFICE

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

SIGNED *[Signature]*

TITLE Production Supvr.

DATE 8-14-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side