

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 3a. Area Code & Phone No. 505/748-1471 | | 8. FARM OR LEASE NAME Sara AHA Com |
| 2. NAME OF OPERATOR YATES PETROLEUM CORPORATION | | RECEIVED JAN 25 '91 O. C. D. ARTESIA, OFFICE | | 9. WELL NO. 4 |
| 3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210 | | | | 10. FIELD AND POOL, OR WILDCAT South Dagger Draw Upper Penn |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL, Sec. 11-20S-24E | | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 11-20S-24E |
| 14. PERMIT NO. 30-015-26543 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3611' GR | | 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 type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) Report 1st production <input checked="" type="checkbox"/> | |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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 1-16-91.

WELL IS COMMUNITIZED WITH LEASE NOS. NM-043625 & NM-045275

COMMUNITIZATION AGREEMENT NO. NMNM 82527

RECEIVED
JAN 23 2 10 PM '91
OCT 1991

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-22-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side