

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 063567**

**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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <b>Water Injection Well RECEIVED</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR <b>Yates Energy Corporation</b>		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR <b>P.O. Box 2323, Roswell, NM 88201</b>		8. FARM OR LEASE NAME <b>Yates Federal</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1650' FSL - 1650' FEL; Section 6- T20S-R27E - Eddy County, New Mexico</b>		9. WELL NO. <b>7</b>
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT <b>McMillan 7RS-Q</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3452 GR</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>6-20S-27E</b>
		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>NM</b>

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.) \*

Pulled tubing and packer to repair packer leak. Rigged up well service unit, pulled tubing and packer. Ran Baker Model R. Tension Packer on tubing, set packer at 436'. Tested tubing. Pjmped inert treated water behind packer. Installed chart - pressured to 200 psi on casing. Held for 30 minutes and tested O.K. Work and test witnessed by representative of Oil Conservation Division.

RECEIVED  
 OCT 12 10 55 AM '89  
 OCEAN AREA  
 577

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

SIGNED David R. Glass TITLE Engineer DATE October 10, 1989

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: OCT 11 1989