

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMP
OF COPIES REQ.
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
MD60-3160-4

clst

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/>		3. AREA CODE & PHONE NO. 505/748-1471	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Eland AFC Federal Com	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Surface - 330' FSL & 1650' FWL, Sec. 12-20S-29E TD - 736' FNL & 526' FWL, Sec. 13-20S-29E		10. FIELD AND POOL, OR WILDCAT East Burton Flat Strawn	
14. PERMIT NO. 30-015-25978		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 13-T20S-R29E	
15. ELEVATIONS (Show whether OF, AT, GR, etc.) 3321.1' GR		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED
MAR 11 1991
O. C. D.
ARTESIA, OFFICE

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Propose to squeeze, reperforate X			

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) _____			

(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.)

Propose to workover and retest Strawn "A" as follows:
Squeeze Strawn "B" 11065-11078', swab test from 5200' to determine fluid influx from probable casing leaks. Perforate Strawn "A" from 10876-10884' and acidize perforations w/2000 gals 15% NEFE HCL acid.
Return well to production.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 3-1-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3/7/91

*See Instructions on Reverse Side