

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED  
OFFICE FOR NA  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

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

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.<br>505/748-1471                  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 65417                               |  |
| 2. NAME OF OPERATOR<br>YATES PETROLEUM CORPORATION   |  |  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>N/A                                   |  |
| 3. ADDRESS OF OPERATOR<br>105 South 4th St., Artesia, NM 88210   |  |  |  | 7. UNIT AGREEMENT NAME<br>N/A   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>330' FSL & 430' FEL, Sec. 11-22S-31E |  | RECEIVED<br>FEB 15 1991<br>O. C. D.<br>ARTESIA, OFFICE     |  | 8. FARM OR LEASE NAME<br>Martha AIK Federal                                   |  |
| 14. PERMIT NO.<br>30-015-26549   |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3566' GR |  | 9. WELL NO.<br>1  |  |
|  |  |  |  | 10. FIELD AND POOL, OR WILDCAT<br>Livingston Ridge Delaware                   |  |
|  |  |  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Unit P, Sec. 11-T22S-R31E |  |
|  |  |  |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  |  |  | 13. STATE<br>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 checked="" 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 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.) \*

1-29-91. RUPU. TOH with pump and rods. TIH with bridge plug and set 8148', test to 1500 psi, OK. Perforated 7960-8015' w/24 .50" holes as follows: 7960, 64, 69, 75, 86, 94, 98, 8001, 04, 10, 13, and 8015' (2 SPF). Acidize perforations 7960-8015' w/3000 gals 7½ NEFE acid. Swabbed and recovered load.

2-2-91. Frac'd perforations 7960-8015' w/5000 gals gelled X-linked 2% KCL water + 9000# 20/40 sand.

2-4-91. Hung well on pump.

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

SIGNATURE *Carlsbad*

TITLE Production Supervisor

DATE 2-5-91

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

FEB 14 1991

\*See Instructions on Reverse Side

SJS  
CARLSBAD NEW MEXICO