

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

ORIGINAL RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions  
verse side)

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

c/58

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		5. LEASE DESIGNATION AND SERIAL NO. NM 65417	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION				6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		RECEIVED MAR 11 1991 O. C. D. ARTESIA OFFICE		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 430' FEL, Sec. 11-22S-31E				8. FARM OR LEASE NAME Martha AIK Federal	
14. PERMIT NO. 30-015-26549		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8425'		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Livingston Ridge Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 11-T22S-R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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 ☐  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.) \*

2-28-91. Frac'd perforations 7028-7060½' w/7500 gals 40# x-link gel and 19500# 20/40 Ottawa sand.

3-1-91. Return well to production.

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

SIGNATURE *[Signature]*

TITLE Production Supervisor

DATE 3-4-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS