

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 81638

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kite ~~ACA~~ Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

NMPM

Unit M, Sec. 20-T23N-R7W

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

1. OIL ☒ WELL ☒ GAS ☐ WELL ☐ OTHER

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

(505) 748-1471 N. NEW MEXICO

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

970' FSL, 760' FWL (SWSW)

14. PERMIT NO.

API #30-045-20833

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6963' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Report 1st production

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

REPORT 1ST PRODUCTION 3-14-90.

RECEIVED

MAR 26 1990

OIL CON. DIV.

DIST. 3

Accepted For Record

MAR 21 1990

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 3-19-90

(This space for Federal or State office use)

Chief, Branch of
Mineral Resources
Farming Resource Area

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side