

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1983

215F

SUNDRY NOTICES AND REPORTS ON WELLS

(Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.
NM 0557142
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Yates Petroleum Corporation

RECEIVED

8. FARM OR LEASE NAME
Ross EG Federal

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

MAR 14 '89

9. WELL NO.
3

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

O. C. D.
ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT
North Dagger Draw Upper Penn

660' FNL & 660' FWL, Sec. 20-19S-25E

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

Unit D, Sec. 20-T19S-R25E

14. PERMIT NO.
API #30-015-25903

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3580.8' GR

12. COUNTY OR PARISH
Eddy

13. STATE
NM

16. 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.)*

2-20-89. Acidized perforations 7762-7822' w/5000 gals 20% NEFE acid.

RECEIVED
MAR 3 11 43 AM '89
CARLSBAD OFFICE
AREA RECORDERS

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

SIGNED *David R. Glass*

TITLE Production Supervisor

DATE 2-28-89

(This space for Federal or State Record)

APPROVED BY (ORIG. SGL) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY
MAR 10 1989

CARLSBAD NEW MEXICO *See Instructions on Reverse Side