

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

BM Roswell District  
Modified Form No.  
NM060-3160-4

c/sf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		MAR - 6 '90	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/708-2401 ARTESIA, OFFICE	
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 563' FSL & 2125' FEL (NM-15881) Sec. 11-T20S-R29E  Producing Zone: 2480' FNL & 1980' FEL (NM-81929) 14-20S-29E			
14. PERMIT NO. 30-015-26262		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3295' GR	

5. LEASE DESIGNATION AND SERIAL NO. NM-81929	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
7. UNIT AGREEMENT NAME N/A	
8. FARM OR LEASE NAME Zia ZS Federal Com	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Undesignated Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 14-T20S-R29E	
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:

TEST WATER SHUT-OFF  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other) 1st production

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

(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.) \*

WELL CONNECTED TO PIPELINE FOR 1ST PRODUCTION & SALES 3-2-90

TRANSWESTERN PIPELINE COMPANY - PURCHASER  
YATES PETROLEUM CORPORATION - TRANSPORTER

NOTE: COMPLETION FORM 3160-4 HAS NOT BEEN SUBMITTED.  
FLOW TESTING WELL.

RECEIVED  
MAR 5 11 04 AM '90  
CARLSBAD, NEW MEXICO  
ACCEPTED FOR RECORD  
MAR 5 1990

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

SIGNED Janita Doudlits

TITLE Production Supervisor

DATE 3-2-90

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side