

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

MM Roswell District
Modified Form No.
NMO60-3160-4

45F

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓		8. FARM OR LEASE NAME Grier Federal	
3. ADDRESS OF OPERATOR 105 So. 4th St., Artesia, NM 88210		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 330' FSL, 510' FWL		10. FIELD AND POOL, OR WILDCAT Square Lake-G-SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3911' GR	
12. COUNTY OR PARISH Eddy		13. STATE NM	

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MAR 14 '90

ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

(Other)

CHANGE PLANS

(Other)

(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.) *

Propose to repair 5½" casing leak from 1000-1075'. Pressure test and return well to injection.

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MAR 5 8 24 AM '90
CASA GRANDE
AREA

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

SIGNED

TITLE

Production Supervisor

DATE

3-2-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

3 9 90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side