

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

BH Roswell District  
Modified Form No.  
NM60-3160-4

CLSF

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0219603	
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		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 990' FNL & 330' FEL, Sec. 28-17S-25E		8. FARM OR LEASE NAME Federal BZ	
14. PERMIT NO. 30-015-20485		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3549' GR		10. FIELD AND POOL, OR WILDCAT Eagle Creek SA	
O. C. D. ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 28-T17S-R25E	
		12. COUNTY OR PARISH Eddy	
		18. 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)

11-21-90. Acidized existing San Andres perforations with 1000 gals 15% NEFE acid and 250 gals Xylene followed by 25 bbls 2% KCL water w/scale inhibitor. Returned well to production.

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

SIGNED [Signature] TITLE Production Supervisor DATE 1-24-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

\*See Instructions on Reverse Side

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