

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction reverse side)

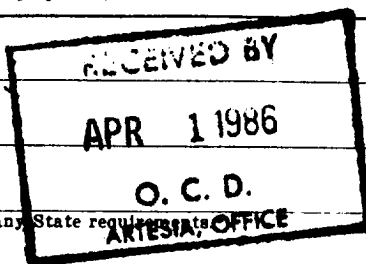
Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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. LC-058480	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME West Loco Hills Unit 10A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 990 FNL & 2310 FWL, Sec. 3-T18S-R29E		8. FARM OR LEASE NAME	
14. PERMIT NO. API #30-015-25583		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3510' GR		10. FIELD AND POOL, OR WILDCAT Loco Hills Grbg-On-SA	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 3-T18S-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:		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 checked="" 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) Perforate, Treat <input checked="" 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.)*

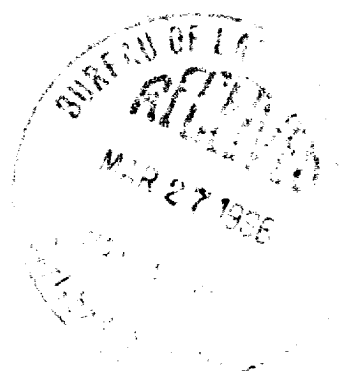
3-20-86. TD 3000'. WIH and perforated 2558-2563' w/10 .42" holes. Acidized perfs with 1000 gals 7 1/2% NEFE acid + 16 ball sealers.

3-24-86. Frac'd (via casing) perfs 2558-2563' (10 holes) with 20000 gals gel KCL fresh water and 40000# 20/40 sand. Set pumping equipment.

ACCEPTED FOR RECORD

GuD
MAR 28 1986

CAPISBAD, NE. MEXICO



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

SIGNED <i>Guillermo Rodero</i>	TITLE Production Supervisor	DATE 3-25-86
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side