

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

RM Roswell District
Modified Form No.
NMO-3160-4

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD Well		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 81893	
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		RECEIVED DEC 18 '89		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 1980' Fnl & 660' FWL, Sec. 10-20S-24E				8. FARM OR LEASE NAME Donahue Federal	
14. PERMIT NO. 30-015-00087		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3755' DF		9. WELL NO. 1	
		C. D. OFFICE		10. FIELD AND POOL, OR WILDCAT Wildcat Abo	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E, Sec. 10-T20S-R24E	
				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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Run nickel plated packer, tbg	<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.) *

11-28-89. Reacidized perforations 4296-4596' (71 - .50" holes) w/20000 gals 20% NEFE.
Note: Hole size corrected from .40" to .50" for perforations.)
RIH w/5 1/2" 13-15.5# Guiberson Uni VI nickel plated packer and x-over with 130 joints 3 1/2" 9.3# plastic-coated tubing. Packer set 4220'.
11-30-89. Pumped 60 bbls 2% KCl with corrosion inhibitor down casing.
Set packer. Loaded casing. Pressured to 560 psi for 15 minutes, held okay.
Witnessed by NMOCD representative.

Injection will begin when fiberglass tanks have been set approximately January 3, 1990.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 12-11-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE PERMISSION

DATE 12-14-89

*See Instructions on Reverse Side