

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL PERMIT IN TRIP  
DATE re-  
(Other instruction, verse side)

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

215P

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> CONVERT TO SWD		NOV 8- '89	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓		(505) 748-1401 C. D.	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL, NE/SE, Sec. 3-20S-24E		5. LEASE DESIGNATION AND SERIAL NO. NM 58143	
14. PERMIT NO. API #30-015-05912		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) Ran Packer; Tubing <input checked="" type="checkbox"/> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		8. FARM OR LEASE NAME Bate Federal	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NMPM Unit I, Sec. 3-T20S-R24E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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.) \*

10-23-89. POOH with tubing and laid down. Pick up 5½" Nickle plated Guiberson Uni VI packer on 129 joints 3-1/2" plastic-coated tubing. Packer set 4196'. NMOCD, Artesia, NM, witnessed test. Packer held and test completed.

Perforations: 4469-4522'; 4238-4298' Abo. Water injection began 9-2-89.

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

SIGNED [Signature] TITLE Production Supervisor DATE 10-24-89

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side