

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.
NM60-3160-4

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 checked="" type="checkbox"/> OTHER RE-ENTRY		5. LEASE DESIGNATION AND SERIAL NO. NM 39120	
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 1980' FNL & 1980' FWL, Sec. 6-20S-24E		8. FARM OR LEASE NAME Gulf AGT Federal	
14. PERMIT NO. 30-015-20344		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3927.4' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
O. C. D. ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 6-T20S-R24E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED

JUN 19 '90

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Test well - status report	<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.) *

4-11-90. SITP 1110 psi. Opened well on 16/64" choke to pit. FTP 40# on 16/64" adjustable choke, no fluid. SI for pressure buildup.
4-12-90. SITP 450 psi.
4-13-90. SITP 680 psi.
4-14-90. SITP 855 psi.
4-15-90. SITP 925 psi.
6-10-90. Opened well on 16/64" choke - 40 psi - no fluid - bled to 0 psi. Shut well in.

ACCEPTED FOR RECORD

AR

JUN 18 1990

CARLSBAD, NEW MEXICO

JUN 14 10 53 AM '90
CALLED AREA OFFICERS
FOR

RECEIVED

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 6-13-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side