

CLSF

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

MAR 26 1992

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS** O. C. D. ARTESIA OFFICE

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.  
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit I, 1980' FSL & 660' FEL, Sec. 23-T19S-R24E

5. Lease Designation and Serial No.  
NM 26864

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Roden GD Federal Com #1

9. API Well No.  
30-015-70122-22370

10. Field and Pool, or Exploratory Area  
North Dagger Draw U/Penn

11. County or Parish, State  
Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Re-treat well	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

5-3-90. Made 3 cuts with Hydrojet: First at 7660', second at 7659' and third at 7658'.  
Circulated hole clean.

5-12-90. Treated perforations 7540-7767 w/17000 gals of 20% NEFE acid and 1600# block.

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

Signed David P. Glass Title Production Supervisor Date 3-23-92

(This space for Federal or State office use)

Approved by David P. Glass Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: 1992