

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMB
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM Roswell District
Modified Form No.
NMXO-3160-4

015F

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 | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR YATES PETROLEUM CORPORATION | | 8. FARM OR LEASE NAME Amoco QT Federal |
| 3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210 | | 9. WELL NO. 1 |
| 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. 29-19S-24E | | 10. FIELD AND POOL, OR WILDCAT Undesignated |
| 14. PERMIT NO. 30-015-23591 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 29-T19S-R24E |
| 15. ELEVATION (Show whether BP, RT, GR, etc.) 3818.5' GR | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE NM |

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 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) <u>Report perforations</u> <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.)*

TO REPORT PERFORATIONS NOT PREVIOUSLY REPORTED.

9-22-89. RBP moved to 4010'. Perforated 3930-3994' w/10 .35" holes as follows:
3930, 41, 47, 51, 58, 68, 72, 76, 81 and 3994'. Treated perforations w/1500 gals 20% NEFE acid, N2 and 12 ball sealers.

RECEIVED

MAR 29 1995

OIL CON. DIV.
DIST. 2

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

| | | |
|---------------------------|------------------------------------|---------------------|
| SIGNED <u>[Signature]</u> | TITLE <u>Production Supervisor</u> | DATE <u>4-11-90</u> |
|---------------------------|------------------------------------|---------------------|

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side