

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

C/SF

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CHANGE TYPE WELL TO OIL. JUN 22 '90		5. LEASE DESIGNATION AND SERIAL NO. NM 25865	
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 2535' FNL & 584' FWL, Sec. 35-19S-24E		8. FARM OR LEASE NAME Eng TX Federal	
14. PERMIT NO. 30-015-24191		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3696' GR		10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit E, Sec. 35-T19S-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:		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) Plugback & recomplete <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.) *

5-31-90. Set 1.81" standing valve in L nipple at 8938'. Load tubing w/35 bbls 2% KCL. Test to 500 psi. Blow down annulus and load with 115 bbls 2% KCL, test to 1100 psi.
6-1-90. RUPU. Perforated Canyon w/12 - .50" holes as follows: 7652, 54, 56, 7672, 74, 76, 7709, 11, 13, 7730, 32, 34. Treated perms 7652-7734' w/1150 gals 20% NEFE acid.

WELL CONNECTED TO YATES LOW PRESSURE GAS GATHERING SYSTEM 6-8-90 FOR 1ST PRODUCTION & SALES IN CANYON FORMATION.

NSL approved order #1559.

RECEIVED
JUN 13 10 30 AM '90
CARTER
ARLINGTON

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

SIGNED *John Winters*

TITLE Production Supvr.

DATE 6-12-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post FD-2
7-6-90
P+ A Mor