Form 3160-5 (July 1989)

UNITED STATES

CONTACT RECEIVE OFFICE FOR NUML OF COPIES REQUIRED

BLM Roswell District Modified Form No.

(Formerly 9-331)		DEPARTMENT OF THE INTERIOR (Other Instructions on re-				5. LEASE DESIGNATION AND SERIAL NO.			
		AU OF LAND MANAGEME				26864			
(Do not use this	DRY NOT	TICES AND REPORTS PRAIR to drill or to deepen or plu ATION FOR PERMIT—" for such	ON WEL g back to a diff h proposals,)	LS erent reservoir.	6. IF I	NDIAN, ALLOT	TEE OR TRIBE N	AME	
OIL GAS WELL OTHER					7. UNIT	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR Yates Petroleum Corporation 505/748-1471						8. FARM OR LEASE NAME			
3. ADDRESS OF OPERATOR						Roden GD Federal Com 9. WBLL NO.			
105 South 4th S	t., Arte	sia, NM 88210			2				
4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface						North Dagger Draw Upper Penn 11. SBC., T., R., M., OR BLK. AND SURVEY OR ARMA			
1980' FSL & 1980' FWL, Sec. 25-19S-24E				RECEIVED	11. smc				
				JAN 12'9	0 Unit	K, sec.	25-T19S-F	₹24E	
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc.)				H 13. STATE		
30-015-25852		3616' GR		Q C D	E	ddy	NM		
16.	Check A	opropriate Box To Indicate	Nature of N						
NOTICE OF INTENTION TO						EQUENT REPORT OF:			
TEST WATER SHUT-OF		PULL OR ALTER CASING	VII	_	7	a. o	<u></u>		
FRACTURE TREAT	1 1	MULTIPLE COMPLETE	į	SHUT-OFF		REPAIRING			
SHOOT OR ACIDIZE		ABANDON*		ING OR ACIDIZING		ABANDONM			
REPAIR WELL		CHANGE PLANS	(Othe	r)					
(Other) Perfora	te, treat	existing zone X RATIONS (Clearly state all pertine hally drilled, give subsurface loc		NOTE: Report resultion or Recom	ts of multip	ie completion	on Well		
Well producing Propose to per Acidize perfs Move RBP to 77	g from pe rforate 7 7692-773 750' and	erforations 7776-779 654-7660, 7692-7700 8' w/1500 gals 20% I reperforate 7654-766	4'. , 7716-77; NEFE acid	38'(total 17 and 7654-760	holes-1 60' w/50	l SPF) 00 gals	20% NEFE		
			/054-7/38	₩/20000 ga.	ls 20% N	NEFE acid	d.		
Return well to	product	ion.				•			
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8. I hereby certify that the	foregoing is	true and correct		and the second s					
sicherianta	Sord	TITLE Pr	oduction	Supervisor	DA1	rm <u>12-21</u>	- 89	_	
(This space for Federal	or State office	use)			======================================				
APPROVED BYO S. CONDITIONS OF APPR			noleun ber	erri e	DAT	.nc <u>1-/0</u>	1 40		