

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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OFFICE FOR NUMM  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

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

45F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Workover		3a. Area Code & Phone No. 505/748-1471	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓		8. FARM OR LEASE NAME Roden GD Federal Com	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL, Sec. 25-19S-24E		10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper Penn	
14. PERMIT NO. 30-015-25852		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3616' GR	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit K, Sec. 25-T19S-R24E		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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JAN 12 '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"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Perforate existing zone	<input checked="" 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.)\*

12-21-89. Perforated 7654-7738' w/17 .42" holes (1 SPF) as follows: 7654, 56, 58, 60, 7692, 94, 98, 7700, 16, 18, 20, 24, 26, 28, 34, 36, and 7738'. Acidized w/2000 gals 20% NEFE acid.

12-22-89. Reperforated 7654-7660' (12 holes), 7692-7738' (92 holes) total 104 holes - 2 SPF. Acidized perforations 7654-7738' w/20000 gals 20% NEFE acid with 2 drops of 400# Rock Salt and 60 ball sealers.

Well reconnected to Yates Gas Gathering System 12-24-89.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 12-26-89

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature]

DATE 1-10-90

\*See Instructions on Reverse Side