

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR READER
OF COPIES R
(Other Instruct. on re-
verse side)

BLM Roswell District
Modified Form No.
NMX60-3160-4

clsf

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 25865
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓		RECEIVED NOV 15 '90 O. C. D. ARTESIA, OFFICE		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 660' FSL & 1980' FWL, Sec. 26-19S-24E				8. FARM OR LEASE NAME Eng TX Federal
14. PERMIT NO. 30-015-26189		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3655' GR		9. WELL NO. 2
				10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper P
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit N, Sec. 26-T19S-R24E
				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"/>
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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Dual Well</u> <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.) *

10-4-90. Shut in Morrow side of well. Pump 45 bbls scale inhibitor down tubing on Canyon side. Flush with 40 bbls KCL. Swabbed Canyon side. Well started flowing. Well returned to production 10-25-90.

Perforations open: 7618-7685' - Canyon

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

SIGNATURE [Signature]

TITLE Production Supervisor

DATE 11-5-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side