

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.  
NM 25865  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
YATES PETROLEUM CORPORATION (505) 748-1471

3. ADDRESS OF OPERATOR  
105 South 4th St., Artesia, NM 88210

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

RECEIVED

JAN 25 '91

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Eng TX Federal  
9. WELL NO.  
2  
10. FIELD AND POOL, OR WILDCAT  
North Dagger Draw Upper Penn  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit N, Sec. 26-T19S-R24e

14. PERMIT NO.  
30-015-26189

15. ELEVATIONS (Show whether OF, RT, GR, etc.)  
3655' GR

O. C. D.

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)

12-28-90. Acidized existing Canyon perforations 7618-7685' w/2000 gals NEFE acid.

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

SIGNED *James A. Smith*

TITLE Production Supervisor

DATE 1-15-91

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side