

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NMD60-3160-4

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. Area Code & Phone No. 505/748-1161	5. LEASE DESIGNATION AND SERIAL NO. NM 043625
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	7. UNIT AGREEMENT NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		8. FARM OR LEASE NAME Saguaro AGS Federal Com	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL, Sec. 11-20S-24E		9. WELL NO. 1	
14. PERMIT NO. 30-015-26206		10. FIELD AND POOL, OR WILDCAT Undes. Canyon	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3641' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 11-T20S-R24E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

JUN 18 '90
O. G. D.
ARTESIA, OFFICE

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate & Treat</u> <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.) *

TD 9480'; PBTD 8350'.
Drilled DV tool at 5521'. Cleaned out to float collar at 8220'. Circulated hole clean.
Perforated 7667-7777 w/23 .42" holes as follows: 7667, 69, 71, 73, 75, 77, 79, 91, 93, 95, 7722, 25, 28, 31, 33, 57, 59, 61, 67, 69, 72, 75 and 7777'. Treated perfs w/4500 gals 20% NEFE acid. Reperforated 7660-7780' w/240 - .42" holes (2 SPF).
Treated down casing and tubing w/25000 gals 20% NEFE acid in three stages with two drops of rock salt block (800#) and 170 ball sealers.

RECEIVED
JUN 18 1990
BLM

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-5-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side