UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIR.
(Other instructions on reverse side)

~~RECEIVED~~

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

C15F

5. LEASE DESIGNATION AND SERIAL NO.
CA #NMNM 82097

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.)

FEB 26 '90

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

1.

OIL WELL	☒	GAS WELL	☐	OTHER

7. UNIT AGREEMENT NAME

N/A

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION

3a. Area Code & Phone No.
505/748-1471 ARTESIA OFFICE

8. FARM OR LEASE NAME
Foster FF 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

1855' FSL & 660' FWL, Sec. 1-T20S-R24E

10. FIELD AND POOL, OR WILDCAT
No. Dagger Draw Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit L, Sec. 1-20S-24E

14. PERMIT NO.
30-015-26250

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3605' GR

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other) 1st production			X
(Other)							

(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.)*

Well is communitized.
1st production on swab test - 1-22-89. (oil)
Casinghead gas connected 2-9-90.

Communitization No. - NMNM-82097

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

SIGNED _Juanita Sadler_   TITLE _Production Supervisor_   DATE _2-19-89_

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side