

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions
reverse side)

H.M. Rowell District
Modified Form No.
NM60-3160-4

dsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 26864	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		RECEIVED AUG -2 '90		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 1980' FNL & 660' FEL, Sec. 35-19S-24E				8. FARM OR LEASE NAME Roden GD Federal	
				9. WELL NO. 6	
				10. FIELD AND POOL, OR WILDCAT North Dagger Draw Upper Penn	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 35-T19S-R24E	
14. PERMIT NO. 30-015-26337		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3646' GR		12. COUNTY OR PARISH Eddy	
		ARTESIA, OFFICE		13. STATE NM	

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* ☐

(Other) ☒ Perforate, Treat

(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.)*

7-17-90. Drilled DV tool at 5418'.
7-19-90. Spot 250 gals 15% HCL at 7779'. Perforated 7698-7760' w/126 - .50" holes (2 SPF).
7-20-90. Acidized perfs 7698-7760' w/5300 gals 20% HCL and 100 ball sealers.

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 7-25-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side