Form 3160-5
(July 1989)
(Formerly 9-331)

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other Instructions on reverse side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

C|SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

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.)

OCT 29 '90

O.C.D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.	NM 043625
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	N/A
7. UNIT AGREEMENT NAME	N/A
8. FARM OR LEASE NAME	Saguaro AGS Federal Com
9. WELL NO.	4
10. FIELD AND POOL, OR WILDCAT	South Dagger Draw Upper Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Unit J, Sec. 14-T20S-R24E

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION

3a. Area Code & Phone No.
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

1980' FSL, 1980' FEL, Sec. 14-20S-24E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
30-015-26420	3616' GR	Eddy	NM

16.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF		PULL OR ALTER CASING	
FRACTURE TREAT		MULTIPLE COMPLETE	
SHOOT OR ACIDIZE		ABANDON*	
REPAIR WELL		CHANGE PLANS	
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREATMENT		ALTERING CASING	
SHOOTING OR ACIDIZING	X	ABANDONMENT*	
(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.) *

10-18-90. Treat down tubing and casing with 20000 gals 20% HCL (NEFE & scale inhibitor)
Treat in three stages with 2 drops of 1000# graded rock salt and benzoic acid flakes in
10# gelled brine. Swabbed back.
10-19-90 - 10-20-90. Running sub-pump.

RECEIVED
OCT 23 10 43 AM '90

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

SIGNED _Anita Brodie_   TITLE _Production Supvr._   DATE _10-22-90_

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the