

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructio
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Yates Energy Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2323, Roswell, NM 88202-2323

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
400' FNL & 2310' FWL

14. PERMIT NO.
API No. 30-015-26445

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3778.2 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-2538

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Prickly Pear Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Und. San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Section 12-18S-31E

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 ☐ 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 ☐ 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.)*

9/6/90 Frac 3520' - 3534' w/30,000 gals. 40# Cross-link gel, and 50,000# 20/40 Ottawa Sand.

714 BLW, plus load to recover from previous acid job equals a total of 762 BLWTR.

9/10/90 Placed well on pump to production test and recover load.

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

SIGNED Sharon B. Danielson

TITLE Landman

DATE 9/21/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side