	UNI'O STATES RTMENT OF THE INTERIO REAU OF LAND MANAGEMENT	OUNFACT RECEIVING OFFICE FOR NAME OF OOPLES REOUTED (Other Instructions on re- verse side)	ALM ROTWELL DISLFICE Hodified Form No. N4050-3160-4 5. LEASE DESIGNATION AND SERIAL NO. NM 39635
(Do not use this form for p Use "APF	OTICES AND REPORTS ON	WELLS different reservoir.	G. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. WELL C. GAN OTHI WELL OF OFFEATOR	IN SWD CARL	(CE (RS	7. UNIT AOBREMENT NAME
YATES PETROLEUM COR		3n. Aren Code & Fhome No. 505/748-1471	8. FARM OR LEASE NAME Mimosa AHS Federal
 ADDREAR OF OPERATOR 105 South 4th St., LOCATION OF WELL (Report local See also apace 17 below.) At surface 1980' FSL & 810' F 	on clearly and in accordance with any Sta	te regulrements,*	9. WHLL NO. 1 10. FIELD AND FOOL, OR WILDCAT Undes. Devonian 11. SHC., T., R., M., OR BLK. AND SURVET OR AREA
14. PERMIT NO.			Unit I, Sec. 4-T2OS-R24E
30-015-26449	15. ELEVATIONS (Show whether DF, RT, 3750 [†] GR	GR, etc.)	12. COUNTY OR PARISIS 18. STATE Eddy NM
	Appropriate Box To Indicate Nation		
NOTICE OF 1	Jiher Data JENT REFORT OF:		
<pre>nent to this work.)* 11-8-90. Perforated 20% NEFE acid. Swabl 11-14-90. Squeezed H. Squeezed off to 11-15-90. Tag retain 11-16-90. Drilled of to 1000 psi for 10 m 11-20-90. TIH w/7" coated tubing. Run 11-21-90. Ran integ and test to 1000 psi Artesia, NM.</pre>	5000 psi. ner at 7512'. Drilled out it cement, fell thru at 75 ins, held okay. nickel plated packer, seat packer to 8865'. Put on 3 rity test. Pump 190 bbls	(4 SPF). Acidize s (4 SPF). Acidize s on swab. Set retainer at 7 retainer to 7340'. 70'. Tested squeez ing nipple and x-ov -1/2" flange and va 2% KCL down casing.	Squeeze Canyon of multiple completion on Weil letion Report and Log form.) Including estimated date of starting any al depths for all markers and gones perti- d perfs 7553-60' w/1000g. 512', cemented w/100 sx Class Circulate clean. red perforations 7553-60' ver. Pick up 3-1/2" plastic
18. 1 hereby certify that the foregoin	RECHIVE	'9 0	~
SIGNER Lanta	Lodlety TITLE Produ	, OFFI CE ction Supvr.	DATE 12-19-90
(This space for Federal or State			
APPROVED BY CONDITIONS OF APPROVAL, 1	F ANY :		ДАТК

*See Instructions on Reverse Side