

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR N 9
OF COPIES RECORDED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

15F

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JAN 11 '91	
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		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL, Sec. 11-20S-24E		5. LEASE DESIGNATION AND SERIAL NO. NM 043625	
14. PERMIT NO. 30-015-26494		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3615' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) Report 1st production <input checked="" type="checkbox"/> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		8. FARM OR LEASE NAME Saguaro AGS Federal Com	
		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 G, Sec. 11-T20S-R24E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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.) *

REPORT FIRST OIL PRODUCTION 12-17-90.

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

SIGNED [Signature] TITLE Production Supervisor DATE 12-20-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side