

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.

Do not use this form for proposals to drill or to deepen or reentry to a ~~production~~ well.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☒ Other Treat Well

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit K, 1925' FSL, 1980' FWL, Sec. 14-T20S-R24E

5. Lease Designation and Serial No.

NM 42787A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Senita AIP Fed. Com #1

9. API Well No.

30-015-26599

10. Field and Pool, or Exploratory Area

South Dagger Draw U/Penn

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other Acidize well
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Propose to straddle and treat existing perforations with 20% HCL (NEFE+scale Inhibitor:
7738-76' w/4000 gals
7702-14' w/2000 gals
7668-76' w/1500 gals
7630-50' w/1500 gals
Total 9000 gals.

Swab back and evaluate for pump.

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

Signed [Signature]

Title Production Supervisor

Date 2-18-92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 2/26/92