

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instruction, reverse side)

BLM Roswell District  
Modified Form No.  
ND60-3160-4

45F

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 3a. Area Code & Phone No.<br>505/748-1471                  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 045274                              |
| 2. NAME OF OPERATOR<br>YATES PETROLEUM CORPORATION   |  |  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| 3. ADDRESS OF OPERATOR<br>105 South 4th St., Artesia, NM 88210   |  | RECEIVED<br>FEB 15 1991<br>O. C. D.<br>ARTESIA, OFFICE     |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>660' FSL & 660' FEL, Sec. 14-20S-24E |  |  |  | 8. FARM OR LEASE NAME<br>Hill View AHE Federal                                |
| 14. PERMIT NO.<br>30-015-26602   |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3613' GR |  | 9. WELL NO.<br>8  |
|  |  |  |  | 10. FIELD AND POOL, OR WILDCAT<br>South Dagger Draw Upper Penn                |
|  |  |  |  | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>Unit P, Sec. 14-T20S-R24E |
|  |  |  |  | 12. COUNTY OR PARISH<br>Eddy  |
|  |  |  |  | 13. STATE<br>NM   |

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:   |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) 1ST PRODUCTION <input checked="" type="checkbox"/>  |  |
| (Other) <input type="checkbox"/>             |   | (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.) \*

FIRST PRODUCTION 2-9-91.

WELL CONNECTED TO YATES GAS GATHERING SYSTEM FOR CASINGHEAD GAS SALES.

ACCEPTED FOR RECORD

FEB 12 1991

CARISBAD NEW MEXICO

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

SIGNATURE *[Signature]*

TITLE Production Supervisor

DATE 2-11-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side