

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		APR - 1 1991		5. LEASE DESIGNATION AND SERIAL NO. NM 39121	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 560' FSL, 560' FEL, Sec. 9-20S-24E		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3749' GR		7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-015-26632		13. STATE NM		8. FARM OR LEASE NAME Judith AIJ Federal	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Und. South Dagger Draw Upper	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 9-T20S-R24E	
				12. COUNTY OR PARISH Eddy	

16. 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) Report 1st production	X
(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.)*

REPORT FIRST PRODUCTION 3-15-91. WELL CONNECTED TO YATES GAS GATHERING SYSTEM.
WELL PRODUCED 0 BO, 216 BW, 214 MCF.

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

SIGNED [Signature] TITLE Production Supervisor DATE 3-19-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

