

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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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 ☒ GAS WELL ☐ OTHER ☐ RECEIVED
2. NAME OF OPERATOR YATES ENERGY CORPORATION APR 24 1991
3. ADDRESS OF OPERATOR P. O. Box 2323, Roswell, New Mexico 88202-2323 O. C. D. ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2310' FNL & 790' FWL
14. PERMIT NO. 30-015-26641 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3757.7 GR

5. LEASE DESIGNATION AND SERIAL NO. NM-2538
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Prickly Pear Federal
9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT Und. North Shugart
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12-18S-31E
12. COUNTY OR PARISH Eddy 13. STATE NM

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

NOTICE OF INTENTION TO: TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐ WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐ FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐ SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
REPAIR WELL ☐ CHANGE PLANS ☐ (Other) ☐
(Other) To Complete Well ☒ (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.)*

Field Work will begin 4/16/91 to complete the Subject Well in the Loco Hill Sand Zone 4,194' to 4,198' KB.

General Procedure:

MI & RU completion equipment.
Drill out DV tool and clean out to total depth.
Spot acetic acid, POH and Perforate 4,194' to 4,198' KB with 10 holes.
Displace acid and test.
Acidize with 1000 gal., test.
Fracture treat as required; swab/flow to test.
Install surface equipment and run potential test.

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

SIGNED John Lynn Jones

TITLE Agent

DATE 4/16/91

(This space for Federal or State office use)

APPROVED BY John Lynn Jones

TITLE Agent

DATE 4/23/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side