

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

**SUBMIT IN TRIPLICATE**

|                                                                                                                                      |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD | 5. Lease Designation and Serial No.<br>NM 39635                |
| 2. Name of Operator<br>YATES PETROLEUM CORPORATION (505) 748-1471                                                                    | 6. If Indian, Allottee or Tribe Name                           |
| 3. Address and Telephone No.<br>105 South 4th St., Artesia, NM 88210                                                                 | 7. If Unit or CA, Agreement Designation                        |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Unit N, 660' FSL & 1980' FWL, Sec. 4-T20S-R24E             | 8. Well Name and No.<br>Mimosa AHS Federal #4 SWD              |
|                                                                                                                                      | 9. API Well No.<br>30-015-26950                                |
|                                                                                                                                      | 10. Field and Pool, or Exploratory Area<br>Undesignated Morrow |
|                                                                                                                                      | 11. County or Parish, State<br>Eddy, NM                        |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                                      |
|-------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                                |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                               |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back                              |
|                                                       | <input type="checkbox"/> Casing Repair                              |
|                                                       | <input type="checkbox"/> Altering Casing                            |
|                                                       | <input checked="" type="checkbox"/> Other Mechanical Integrity Test |
|                                                       | <input type="checkbox"/> Change of Plans                            |
|                                                       | <input type="checkbox"/> New Construction                           |
|                                                       | <input type="checkbox"/> Non-Routine Fracturing                     |
|                                                       | <input type="checkbox"/> Water Shut-Off                             |
|                                                       | <input type="checkbox"/> Conversion to Injection                    |
|                                                       | <input type="checkbox"/> 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.)\*

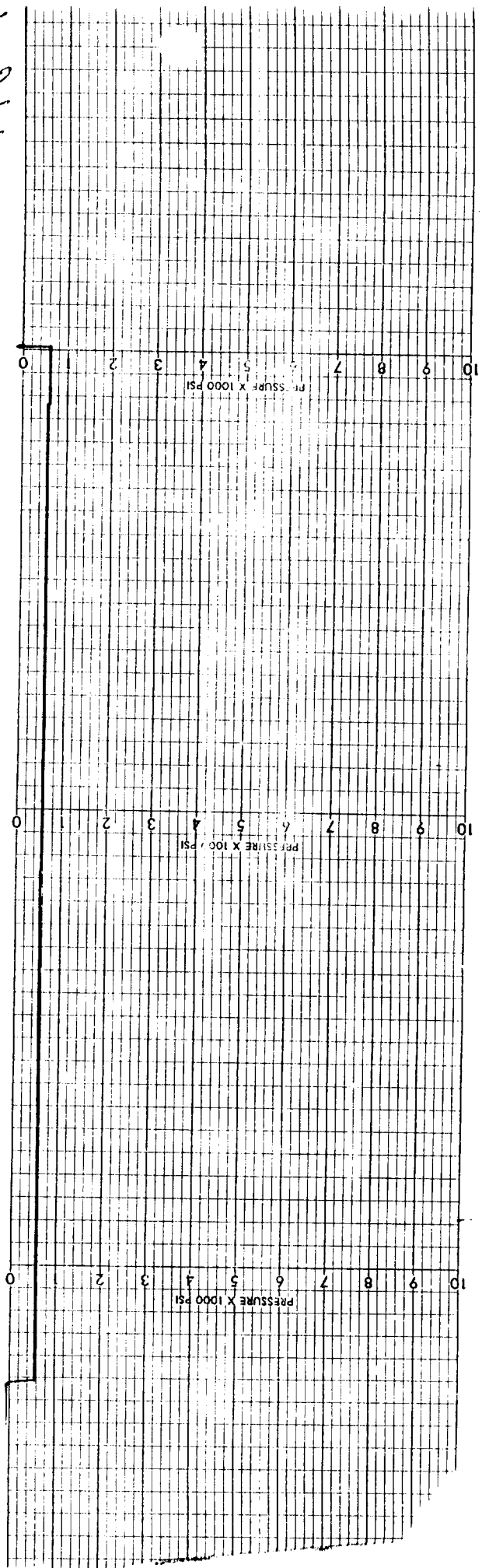
Please see attached chart for Mechanical Integrity Test conducted on February 2, 1996.

*J. Lora*  
**RECEIVED**  
APR 01 1996  
OIL CON. DIV.  
DIST. 2  
FEB 7 10 41 AM '96  
RECEIVED

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

|                                              |                        |                   |
|----------------------------------------------|------------------------|-------------------|
| Signed <i>Rusty Klein</i>                    | Title Production Clerk | Date Feb. 5, 1996 |
| (This space for Federal or State office use) |                        |                   |
| Approved by _____                            | Title _____            | Date _____        |
| Conditions of approval, if any:              |                        |                   |

Des Petroleum  
 Nov 1956 H-4  
 Multi-Test  
 9-3-96



WESTERN CO. FORT WORTH, TEXAS WESTOMETER MODEL "C" CHART NO. 1, A

