

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U.M.C.C.
11 S. 1st St
Artesia, NM

VISION

FORM APPROVED
Budget Bureau No. 1004 0135
2834 Expires: March 31, 1993
5. Lease Designation and Serial No.
NM-12833
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
Rio Penasco MF Fed Com #2
9. API Well No.
30-015-29255
10. Field and Pool, or Exploratory Area
Dagger Draw Upper Penn. No.
11. County or Parish, State
Eddy Co., NM

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
☒ Oil Well ☐ Gas Well ☐ Other
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)
1980' FNL & 660' FWL of Section 11-T19S-R25E (Unit E, SWNW)

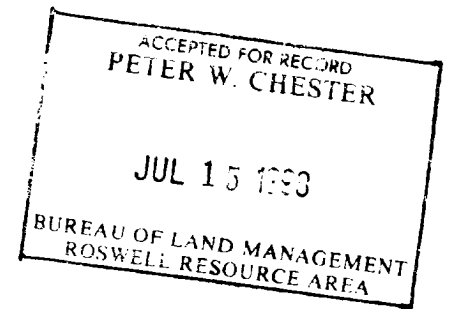
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 Released to production
	<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.)*

6-27-98 - TIH with bit, scraper and 2-7/8" tubing to 7996'. TOOH. TIH with packer and 2-7/8" tubing. Set packer at 7996'. Load and test annulus to 1000 psi. Swabbing.
6-28-29-98 - Swabbed. Shut well in.
6-30-98 - Unset packer. TOOH. Released well to production department.



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

Signed [Signature] Title Operations Technician Date July 10, 1998
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: