

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-113
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 01165

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Federal

9. WELL NO.

3

10. FIELD AND POOL OR WILDCAT

Wildcat (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

17-20S-29E

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

TXO Production Corp. ✓

3. ADDRESS OF OPERATOR

415 W. Wall Suite 900, Midland, TX. 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3280' GL

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

(8-14-89) Perf Delaware f/3906-14', 2 spf (18 holes). Acd2 w/250 gals, 15% NEFE acid. Swab perfs.

(8-15-89) Set CIBP @ 3850' w/35' cmt. Perf Delaware f/3320-42', 1 spf (23 holes). Acd2 w/250 gals 7 1/2% NEFE. Swab perfs.

98-16-89) Acd2 perfs w/1000 gals 7 1/2% NEFE. Swab perfs.

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

SIGNED

Jay Pulte

TITLE

Engineer

DATE

8/18/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE
CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side