

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NATIONAL OIL & GAS COMMISSION

SUBMIT IN THE MANNER INDICATED
(Other instructions on reverse side)

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED JUN 08 '89 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 0489599
2. NAME OF OPERATOR Yates Petroleum Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210			7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 660' FEL, Sec. 13-T21S-R26E		8. FARM OR LEASE NAME ARCO EI Federal	9. WELL NO. 1
14. PERMIT NO. API #30-015-21591		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3220' GR	10. FIELD AND POOL, OR WILDCAT Undes. Bone Springs
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 13-T21S-R26E
			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:		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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Perforate, Treat	(Other) <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.) *

- 4-19-89. Swabbed perforations 7829-8218' dry. Gas TSTM.
4-21-89. Unset packer. Moved down hole. Latched onto RBP. Set RBP at 7400'. Tested to 2500 psi. POOH with packer.
4-24-89. Perforated 6837-6914' w/12 - .35" holes as follows: 6837, 43, 45, 55, 58, 6900, 03, 05, 07, 09, 11 and 6914'. Acidized w/1500 gals 15% NEFE acid and ball sealers.
4-25-89. Swabbed dry. Gas TSTM.
5-2-89. Pulled packer and RBP. WIH with tubing and seating nipple open ended to plug back TD.
5-8-89. Made 18 swab runs.

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

SIGNED [Signature] TITLE Production Supervisor DATE 5-30-89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

SJS