

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR N  
OF COPIES RE  
(Other instructions on re-  
verse side)

RM Roswell District  
Modified Form No.  
NMXO-3160-4

CLSF

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 type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505/748-1171		5. LEASE DESIGNATION AND SERIAL NO. NM 03677	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3b. Area Code & Phone No. 505/748-1171		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		3c. Area Code & Phone No. 505/748-1171		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 660' FNL & 1980' FEL, Sec. 20-20S-29E		DEC 12 '90 O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME Stebbins GQ Com	
14. PERMIT NO. 30-015-21939		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3279' KB		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT E. Burton Flats Morrow	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit B, Sec. 20-T20S-R29E	
				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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input 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.)\*

11-22-90. RIH and close sliding sleeve. Set separation plug in sliding sleeve.  
Acidized Morrow perforations 11438-11449' w/1500 gals MOD 101 acid and 65000 SCF N2 followed with 60000 SCF N2.  
11-23-90. RIH and retrieved separation plug. Open sliding sleeve.  
Packer set 10763'.  
Well flowed  $\pm$  20# on 1/2" choke.

RECEIVED  
DEC 10 8 59 AM '90  
OIL  
CAL  
AREA  
OFFICE  
EERS

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

SIGNED Ante Soodhatt

TITLE Production Supvr.

DATE 12-7-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side