

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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)

Unit B, 660' FNL & 1980' FEL, Sec. 20-T20S-R29E

5. Lease Designation and Serial No.

NM 03677

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Stebbins GQ Com #1

9. API Well No.

30-015-21939

10. Field and Pool, or Exploratory Area

E. Burton Flats Atoka Gas

E. Burton Flats Morrow Gas

11. County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Perforate, Treat Strawn

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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.)\*

Well is commingled by NMOCD Order No. R-5974 in Atoka perforations 10875-10882' and Morrow perforations 11438-11449'. Propose to test Strawn and commingle with Atoka/Morrow perforations as follows:

Set SV in on/off tool above packer. ND tree, NU BOP, unlatch tubing and TOOH w/tubing. Fill casing with clean 9ppg BW. Perforate Strawn 10389-10572' w/46 - .42" holes. Acidize zones with 5000 gals 15% NEFE HCL acid. Straddle Strawn interval and swab test.

Note: If commingling has not been approved before workover has been done, will leave RBP between Strawn and Morrow/Atoka downhole.

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

Signature [Signature]

Title Production Supervisor

Date 7-6-92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date 7/15/92