

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NE OIL COMS. JOMME
DRAWN BY
ARLESIA, NM 88210

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

RECEIVED

FEB 22 1993

O. C. D.

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other Treat Well

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 0, 660' FSL & 1980' FEL, Sec. 1-T20S-R28E

5. Lease Designation and Serial No.

NM 26683

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Antongiovanni MJ Fed. #1

9. API Well No.
30-015-23180

10. Field and Pool, or Exploratory Area
Winchester Morrow

11. County or Parish, State
Eddy, NM

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 ACIDIZE WELL
	<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.)

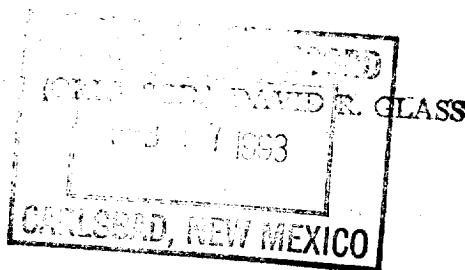
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Previously reported that perforations 11173-11180' would be acidized. Perforations 11173-80' were squeezed in 1980.

2-2-93. Tested tubing and casing.

2-5-93. Acidized perforations 11135-11140' (existing perforations) w/20000 SCF N2 pad + 1000 gals 7½% Morlfo acid with 1000 SCF N2/bbl + 20 ball sealers.

2-6-93. Returned well to production.



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FEB 10 10 51 AM '93
CARLSBAD AREA

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

Signed *David R. Glass*

Title Production Supervisor

Date 2-9-93

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side