

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions
verse side)

BH Roswell District
Modified Form No.
NM60-3160-4

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 checked="" type="checkbox"/> OTHER Workover | | 5. LEASE DESIGNATION AND SERIAL NO. NM 15881 | |
| 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 1980' FNL & 660' FEL, Sec. 11-T20S-R29E | | 8. FARM OR LEASE NAME Slinkard UR Federal | |
| 14. PERMIT NO. 30-015-23698 | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3315' GR | | 10. FIELD AND POOL, OR WILDCAT East Burton Flat Strawn | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 11-T20S-R29E | | 12. COUNTY OR PARISH Eddy | |
| 13. STATE NM | | 18. STATE NM | |

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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> | | |
| (Other) Perforate - treat | <input checked="" 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.)

Well producing from perforations 10790-10804'. Propose to perforate additional Strawn and stimulate as follows:

10830-10840', 10844-10854', and 10858-10868' (1 SPF)
10675-10694' (2 SPF)

Acidize perforations 10830-10868' w/1900 gals 15% NEFE HCL acid.

Acidize perforations 10790-10804' (original perfs) w/3000 gals 15% NEFE HCL acid.

Acidize perforations 10675-10694' w/5000 gals 15% NEFE HCL acid.

Additional stimulation will be done if warranted.

RECEIVED
AUG 20 8 55 AM '90
CARTER
ADVISOR

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 8-16-90

(This space for Federal or State office use)

APPROVED BY

TITLE ENGINEER

DATE 8-22-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side