

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUM
OF COPIES REQ.
(Other instructions on re-
verse side)

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

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
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 & 1980' FWL, Sec. 11-20S-29E		8. FARM OR LEASE NAME Slinkard UR Federal	
14. PERMIT NO. 30-015-24722		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3300' GR		10. FIELD AND POOL, OR WILDCAT East Burton Flat Strawn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 11-T20S-R29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

18. 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Perforate - Treat <input checked="" type="checkbox"/>	

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 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.)

Well producing from perforations 10578-10592'. Propose to perforate additional Strawn and stimulate as follows:

Retest Strawn perms 10694-10696', 10713-10720'. If encouraging, will add Strawn perms 10696-10701', 10754-10758' and 10762-10767'. Will stimulate as needed.

RECEIVED
AUG 20 8 57 AM '90
CARTER AREA

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

SIGNATURE Kenneth Doolittle

TITLE Production Supvr.

DATE 8-16-90

(This space for Federal or State office use)

APPROVED BY John L. Adams
CONDITIONS OF APPROVAL, IF ANY:

TITLE Regional Manager

DATE 8-27-90

*See Instructions on Reverse Side