

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NMD60-3160-4

c/sf

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		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 55125	
2. NAME OF OPERATOR Yates Petroleum Corporation		3b. RECEIVED		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 Surface - 330' FSL & 1650' FWL, Sec. 12-T20S-r29E TD - 736' FNL & 526' FWL, Sec. 13-T20S-R29E		SEP 27 '89 O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME Eland AFC Federal Com	
14. PERMIT NO. API #30-015-25978		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3321.1' GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT East Burton Flat Strawn	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 13-20S-29E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Workover completed	X

(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.) *

5-26-89. POOH w/RBP.

Swabbed and flowed well. Well returned to production in original perforations 11065-11078' - Strawn.

Well produced 11 days in June, 1989.

Well produced 23 days in July, 1989.

SEP 12 11 11 AM '89
CARLSON SOURCE
ARTESIA OFFICE

RECEIVED

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 9-11-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS