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| | | | RECEIVED | |
| orm 3160-5 une 1990) | UNITED STATES DEPARTMENT OF THE INTERIOR | | AUG 1 9 1991 | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 |
| BUREAU OF | | LAND MANAGEMENT | O. C. D. ARTESIA, OFFICE | 5. Lease Designation and Serial No. NM-01165 |
| Do not use this form | for proposals to drill | ND REPORTS ON WELL or to deepen or reentry to PERMIT—" for such propo | .S a different reservoir. | 6. If Indian, Allonce or Tribe Name |
| SUBMIT IN TRIPLICATE | | | | 7. If Unit or CA. Agreement Designation |
| 1. Type of Well | | | | 8. Well Name and No. |
| Name of Operator | | | | Yates Federal #17 |
| Marathon Oil Company | | | | 9. API Well No. 30-015-26747 |
| 3 Address and Telephone No P.O. Box 552, Midland, TX 79702 915/682-1626 | | | | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | Burton Flat (Delawar |
| 2310' FSL & 660' FWL | | | | The county of Farlant Care |
| Sec. 17, T-20-S | | | | Eddy, NM |
| 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPOR | | | | AT, OR OTHER DATA |
| TYPE OF SUBMISSION TYPE OF ACTION | | | | |
| Notice of In | ient | | | Change of Plans |
| | | Recompletion Plugging Back | | New Construction |
| X Subsequent Report | | Casing Repair | | Water Shut-Off |
| Final Aband | ionment Notice | Altering Casing X Other Well Completion&Testing Conversion to Injection Dispose Water (Note: Report results of multiple completion or Completion or Recompletion Report and Log (| | |
| Den la Compl | ered Operations (Clearly state all | pertinent details, and give pertinent dates | , including estimated date of startin | g any proposed work. If well is directionally d |
| give subsurface location | is and measured and true vertica | | | |
| in 10 SI & s TR 155 | ecured well. SI BW, tr oil. | 38 BW. Final FL = 20)FN. | 00'FS. Sample o | |
| 100 BW | 'swab. lst FL 80 1. Final FL = 20 5 BW, tr oil. | 00' FS. Made a total 000' FS w/ <u>+</u> 5% oil cu | of 24 swab runs it on 1st run; | in 10 hrs & recov'd |
| 19 SR few ru | in 8 hrs & recov | = <u>+</u> 30 psig. RIH w/s v'd 89 BW &4 BO. FF | swab. 1st FL 1000 FL = 2000' FS. <u>+</u> |)' FS. Made a total of 5% oil cut on last |
| 5-22-91 - SITP = 3535' | = 0 psig. SICP KB (PBTD = 3609 | - slight blow. RIH v ' indic 74' of fill). (con't) | v/9 jts tbg & tagg . POOH. RIH w/16 | ged top of fill @ 5' OP MA, 2 7/8" API |
| 14. I hereby certify that the fo | regoing is true and correct | Production | Superintendent. | Date 8/5/91 |
| Signed | | Title Trocucoron | | |
| | Side office day | Tille | | Date |
| Approved by Conditions of approval, if | Any: | | | |
| | | | | |
| | | | department or agency of the Unit | d States any false, fictutious of transmient su |
| Title 18 U.S.C. Section 1001, or representations as to any m | makes it a crime for any person after within its jurisdiction. | a knowingly and willfully to make to any •See Instruction on Re | | od States any false, fictitious or fraudulent su |