

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st St.
Artesia, NM 88210-2834

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-0251099A
2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2049' FNL & 480' FWL of Section 12-T22S-R23E (Unit E, SWNW)	8. Well Name and No. Smith Federal Gas Com #2
	9. API Well No. 30-015-26834
	10. Field and Pool, or Exploratory Area Indian Basin Upper Penn
	11. County or Parish, State Eddy Co., NM

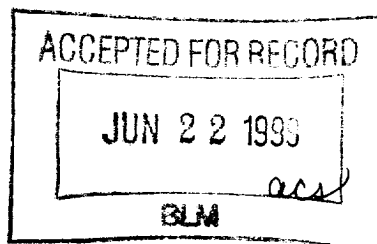
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 existing perfs
	<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.)*

5-25-99 - Moved in and rigged up pulling unit.
5-26-99 - Released pump. TOOH with rods and pump. Pumped 60 bbls 2% KCL. Nippled down wellhead and nipped up BOP. Released tubing anchor. TOOH with tubing anchor and tubing. TIH with packer and tubing. Set packer at 7209' and tested to 1000 psi.
5-27-99 - Acidized perforations 7431-7447' (Canyon) with 50000 gallons 20% gelled iron control HCL acid. Swabbing.
5-28-99 - Pumped 40 bbls 2% KCL. Released packer. TOOH with tubing and packer. Released well to production department.



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

Signed Rusty Klein Title Operations Technician Date June 17, 1999

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: