

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
 (Other instructions on reverse side)

Form approved.  
 Budget Bureau No. 1004-0135  
 Expires August 31, 1985

651

RECEIVED

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
 Yates Energy Corporation

3. ADDRESS OF OPERATOR  
 P. O. Box 2323, Roswell, NM 88202-2323

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
 See also space 17 below.)  
 At surface  
 1740' FSL & 660' FEL

14. PERMIT NO.  
 30-015-26167

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 4210' GR

5. LEASE DESIGNATION AND SERIAL NO.  
 NM-37843

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
 Desert Rose Federal

9. WELL NO.  
 1

10. FIELD AND POOL, OR WILDCAT  
 Bandana Point - Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 Section 27-23S-23E

12. COUNTY OR PARISH  
 Eddy

13. STATE  
 NM

OCT 24 10 40 AM '90  
 RECEIVED  
 OCT 29 '90  
 O. C. D.  
 ARTESIAN OFFICE

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

(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.)\*

Propose to dual complete, producing Morrow perforations from 9880' - 9900', 9975' - 77', 9986' - 92', 10,010' - 16' and 10,027' - 28' up the 2 3/8" tbg., and produce Strawn perforations from 8772' - 90' and 8808' - 16' up the 4 1/2" casing annulus. The Strawn Zones will be killed using a 2% KCL treated water, removing RBP @ 9206', then install a single string completion assembly to permit dual production. A Baker Model "L" sleeve in open position will be @ approx. 9800', with a Baker Lock set packer @ 9850'. Will swab top zone off; flow to clean up thru tbg. Flow test Strawn up annulus to test. Install a 2 pen recorder on tbg. and csg.; close sleeve and bleed pressure from tbg.; allow Strawn pressure to build to effect a test of tbg. - annulus separation. Pull plug from packer; flow to Morrow zones to clean-up. Return well to production.

Work to commence immediately, pending approval by NMOC.

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

SIGNED Harold P. Hamilton TITLE Landman DATE 10/22/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10 25 90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side