

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruction
verse side)

Budget Bureau No. 1004-C135
Expires August 31, 1985

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		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM 83032	
2. NAME OF OPERATOR Yates Energy Corporation		JAN 11 '91		6. IF INDIAN, ALLOTTEE OR TRUST NAME	
3. ADDRESS OF OPERATOR P.O. Box 2323, Roswell, New Mexico 88202-2323 C. C. D.				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 2310' FSL & 1650' FWL		MEXIA, OFFICE		8. FARM OR LEASE NAME Texasville Federal Com	
14. PERMIT NO. 30-015-26501		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4188.1 GR		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	

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"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>

PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>

REPAIRING WELL	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
ABANDONMENT*	<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.)

12/14/90 PBTD 8750' K.B. Pump 2.5 bbls. wtr. down to pressure up to 2850 psig.
Formation broke down. Swabbing. Acidize Strawn (8639' - 8667') w/5600 gals.
MOD 202 acid w/2 gals. SGA-HT/1000 gal., 1 gal. losurf 300/1000 gals. and 1 gal.
PENN 88/1000 gals., 1000 SCF N2/barrel and 58 ball sealers.

RECEIVED
DEC 27 10 32 AM '90
CARTER
ARE

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

SIGNED Sharon E. Hamelton TITLE Landman

DATE 12/26/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side