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Form 3160-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCT 25 1991

O. C. D.  
ARTESIA OFFICEFORM 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  
☐ Oil Well ☐ Gas Well ☒ Other SWD WELL2. Name of Operator  
YATES PETROLEUM CORPORATION ✓3. Address and Telephone No.  
105 South 4th St., Artesia, NM 88210 (505) 748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit H, 1980' FNL, 660' FEL, Sec. 35-T22S-R31E, NMPM

5. Lease Designation and Serial No.

NM 65419

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

David Ross AIT Fed. #1

9. API Well No.

30-015-26629

10. Field and Pool, or Exploratory Area

Undes. Delaware

11. County or Parish, State

Eddy, NM

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

## TYPE OF SUBMISSION

- ☒
- Notice of Intent
- 
- ☐
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

## TYPE OF ACTION

- ☐
- Abandonment
- 
- ☐
- Recompletion
- 
- ☐
- Plugging Back
- 
- ☐
- Casing Repair
- 
- ☐
- Altering Casing
- 
- ☐
- Other Add Delaware perforations & acidize.
- 
- ☐
- Change of Plans
- 
- ☐
- New Construction
- 
- ☐
- Non-Routine Fracturing
- 
- ☐
- Water Shut-Off
- 
- ☐
- Conversion to Injection
- 
- ☐
- 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 surface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Propose to add perforations in Delaware sand disposal intervals and treat as follows:

- 1) 4764-4786' (23 shots). 4764-86' w/1000g. 7½% NEFE HCL acid.
- 2) 4866-4907' (42 shots).
- 3) 4944-4975' (32 shots). 4866-4975' w/3000g. 7½% NEFE HCL acid.
- 4) 5108-5120' (13 shots).
- 5) 5158-5180' (23 shots). 5108-5180' w/1500g. 7½% NEFE HCL acid.
- 6) 5328-5346' (19 shots).
- 7) 5401-5421' (21 shots).
- 8) 5460-5484' (25 shots). 5328-5484' w/2500g. 7½% NEFE HCL acid.

NOTIFY NMOCD, ARTESIA, NM, 24 HOURS IN ADVANCE TO WITNESS ANNULAR PRESSURE TEST.

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

Signed

Title Production Supervisor

Date 10-24-91

(This space for Federal or State office use)

Approved: \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side