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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

RECEIVED

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other SWD WELL

2. 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	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other Add Delaware perforations & acidize.	<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 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.

Subject to
Like Approval
by State

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

Signed [Signature] Title Production Supervisor Date 10-24-91

(This space for Federal or State office use)

Approved _____ Title _____ Date 10/31/91

Conditions of approval, if any: