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DEPARTMEN BUREAU OF SUNDRY NOTICES Ponot use this form for proposals to di	TED STATES TED STATES TED STATES TED STATES THE INTERIOR TO STATE OF THE INTERIOR TO STATE O	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 38459 6. If Indian, Allottee or Tribe Name
MILL	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well Sas Other Other	1994	8. Well Name and No.
2. Name of Operator		 Welch ABV Federal #1
YATES PETROLEUM CORPORATION	J (505) 748–1471)	9. API Well No.
3. Address and Telephone No.	274 00010	30-015-01159
105 South 4th St., Artesia, NM 88210 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area
660' FNL & 760' FWL of Section		Wildcat Bone Springs 11. County or Parish, State
odo ini d goo iwi of Section	III 21-1205-R27E	The county of Turish, other
		Eddy County, NM
2. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	
TYPE OF SUBMISSION	TYPE OF ACTION	
XX Notice of Intent	Abandonment	Channe of Plans
DEA Notice of Intent	X Recompletion	Change of Plans New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water (Note: Report results of multiple completion on Well
		Completion or Recompletion Report and Log form.)
	all pertinent details, and give pertinent dates, including estimated date of starting ical depths for all markers and zones pertinent to this work.)*	g any proposed work. If well is directionally drilled,
to 5773-5603' (Delaware) and approval to commingle the Del in since September 1986 with be done as follows: 1. POOH w/rods and pump. Note: 2. RIH w/casing gun and perf follows: 5573, 5575, 77, 3. RIH w/RBP & packer. Set (Bone Springs). Set packer. Acidize perforations 5573	3-5603' w/700 gallons 7-1/2% NEFE HCL	ate will request well has been shut y the BLM. Work will and BHA. 03' w/10 holes as erforations 5820-5840' acid and ball sealers.
5. Swab test and evaluate.	If need be, zone will be frac'd with ons 35# crosslink gel and 24000# 20-40	1200 gallons 35#
14. I hereby certify that the foregoing is true and correct		
Signed 7 Wally 7 Min	Tide <u>Production</u> Clerk	Date May 26, 1993
(This space for Federal or State office use) Approved by	Title	Date