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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		APR 10 1997		5. Lease Designation and Serial No. NM-80645	
2. Name of Operator YATES PETROLEUM CORPORATION		(505) 748-1471		6. If Indian, Allottee or Tribe Name	
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210				7. If Unit or CA, Agreement Designation	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL & 990' FEL of Section 3-T24S-R31E (Unit I, NESE)				8. Well Name and No. Lily ALY Federal #5	
				9. API Well No. 30-015-27275	
				10. Field and Pool, or Exploratory Area Ingle Wells Delaware	
				11. County or Parish, State Eddy Co., NM	

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 checked="" type="checkbox"/> Other Add 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 subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3-26-97 - Moved in and rigged up pulling unit. Pumped 75 bbls hot water down annulus. Unseat pump. TOOH with pump and rods. Released tubing anchor. Nippled up BOP. TOOH with tubing. Shut well in.

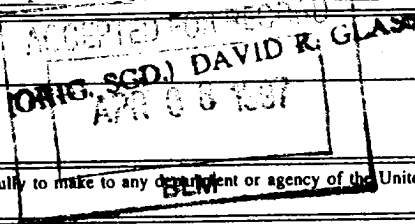
3-28-97 - Rigged up wireline. TIH with 4" casing guns and perforated 7384-7389' w/12 .42" holes. TOOH with casing guns and rigged down wireline. TIH with packer and RBP. Set RBP at 7900'. Loaded hole and tested RBP to 1500 psi. Tested casing to 1500 psi. Pulled packer up to 7389'. Spotted 2 bbls acid. Set packer at 7293'. Break down perforations. Put away spot acid. Opened bypass. Spot acid and balls to packer. Closed bypass. Acidized perforations 7384-7389' with 1000 gallons 7-1/2% iron control HCL acid and ball sealers. Swabbing.

3-28-97 - Swabbing.

3-29-97 - Swabbed. Released packer. TOOH. Rigged up wireline. TIH with 4" casing guns and perforated 7083-7135' w/18 .42" holes. TOOH with casing guns and rigged down wireline. TIH with packer and RBP. Set RBP at 7195' and tested to 1500 psi. Spot 2 bbls acid at 7135'. Set packer at 7007'. Breakdown perforations. Opened bypass. Spotted acid and balls to packer. Closed bypass. Acidized perforations 7083-7135' with 2000 gallons 7-1/2% iron control HCL acid and ball sealers. Swabbing.

3-30-31-97 - Swabbing.

14. I hereby certify that the foregoing is true and correct		
Signed <u>Rusty Klein</u>	Title <u>Operations Technician</u>	Date <u>April 2, 1997</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		



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