

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NO OIL CONS. COMMISSION
Bureau DD
Alameda, N. M. 88210

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

clsf

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		5. Lease Designation and Serial No. NM-77021
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) 1980' FSL & 660' FEL of Section 33-T25S-R29E		8. Well Name and No. Corral Federal Unit #1
		9. API Well No. 30-015-27522
		10. Field and Pool, or Exploratory Area Wildcat Delaware
		11. County or Parish, State Eddy Co., NM

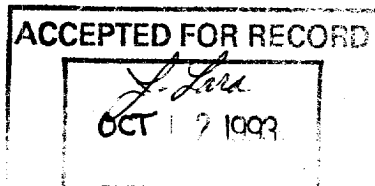
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

Cleaned location, set and tested anchors and markers. Made cut off on 5-1/2" casing. Moved in and rigged up pulling unit. Nippled up tubinghead and installed BOP. TIH w/bit, stabilizer, drill collars and tubing to DV tool at 4530'. Drilled out DV tool. Tested casing to 2000# for 15 minutes, OK. TOOH w/tubing, drill collars, scraper and bit. TIH w/bit, scraper and tubing to 6987'. Circulated casing with 2% KCL water. TOOH w/tubing, drill collars and bit. WIH and perforated 6940-6945' w/12 .42" holes. TIH w/tubing and packer. Set packer at 6857'. Acidized perforations 6940-6945' w/600 gallons 7-1/2% NEFE acid and ball sealers. Swabbing.



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

Signed Rusty Klein Title Production Supervisor

Date Sept. 16, 1993

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____