## CONTACT RECEIVING OFFICE FOR NUMBER

OF COPIES REQUIRED

BIH Roswell District Modified Form No.

5	٤

## UNITED STATES DEPARTMENT OF THE INTERIOR

(See other instructions on reverse side) BUREAU OF LAND MANAGEMENT CONSERVATION DIVISION

N1060-3160-3 S. LEASE DESIGNATION AND BERIAL NO.

		KEAU OF EA	MANAGI	-wrbii (	ONSER	VALUEN D	IVISIO	NM 04	5274	
WELL CO	MPLETION	OR RECO	MPLETIO	N REPO	ORT A	ND 100	G *	G. IF INDIAN	I, ALLOT	THE OR TRIBB NAME
1a. TYPE OF WE		II. X GAR						7. UNIT AGE	PPNEVA	. N. A
b. TYPE OF COM	APLETION:				HH - 5	nn 9	18		PROINT.	NAME
Walle. KX		EP D MARK	BLEVE.	] Other			· · · · · · · · · · · · · · · · · · ·	S. FARM OR	J.E.A.H.E	NAMB
2. NAME OF OPERA		/			4	es Code & Pl		H111 V	iew /	AHE Federal
3. ADDRESS OF UP	OLEUM CORPO	ORATION V		<del></del>	505	/748-147	1	9. WELL NO.		
	4th St., Ar	tecia MM	99210					_	<del> </del>	
				h any Stat	<b>PROFIL</b>	EO.				, OR WILDCAT
At aurface 660	01 FSL & 66 terval reported be	0' FEL, Se	c. 14-20s	-24E =	F 64	004		South Da	gger	Draw Upper Pe
At top prod. In	terval reported be	low	_	- · }	FB & U	1681		OR AREA		
At total depth					O. C.	D.		Unit P,	Sec.	14-T20S-R24E
9a. API Well No	•		14, PERMIT	NO.		OSPICE TR INSI'ED		12. COUNTY		112
30-015-2660					1			PARISH	UII	13. STATE
5. DATE SPUDDED	16. DATE T.D. R	EACHED   17. DA	TE COMPL. (Rea	dy to prod	)   18 8	LEVATIONS (D		Eddy	1 19. E	NM LEV. CABINGHEAD
1-6-91	1-29-91		2-15-91			3613'		, wa, mst.j*		
20. TOTAL DEPTH, MD	A TVD 21. PLU	O, BACK T.D., MD		MULTIPLE W MANY	COMPL.,	23, INT		ROTARY TOO	16.8	CABLE TOOLS
8105'		038'				DKII		0-8105	• [	
4. PRODUCING INTE	RVAL(B), OF THIS	COMPLETION-TO	P, BOTTOM, NAM	E (MD AND	TVD)*		· ····································			WAS DIRECTIONAL SURVEY MADE
7772_77881	; 7594-7752									SORVEL MADE
6. TYPE ELECTRIC	AND OTHER LOGS	RUN					· · · · · · · · · · · · · · · · · · ·		N	
CNL/LDT; DI										S WELL CORED
18.		CAS	SING RECORD	(Report all	atrings a	et in well)			No	
CABINO RIZE	WEIGHT, LB.		ET (MD)	HOLE SIZ			IENTING	RECORD	- <del></del> -i	AMOUNT PULLED
20"		40'		26"		Red	di-Mi	<u> </u>	·	
9-5/8" 7"	36#	1206		14-3/4			00 sx			<del></del>
	26#, 23	# 8105	<del></del>	8-3/4"		17.	50 sx			
		LINER RECORI	<u> </u>			1				
8122	TOP (Mp)	BOTTOM (MD)	BACKS CEMES	re I ses	EN (MD)	30. 812E		TUBING REC		
						$-\frac{3126}{2-7/8}$		7544 t	(D)	PACKER SBT (MD)
			-			$- -\frac{2-776}{1}$		7344	-	7544
1. PERFORATION RE	corp (Interval, si	se and number)		82.		ACID, SHOT	FRACT	URE, CEMEN	T SQUE	EZE, ETC.
772 77001 /	/10 5011 -				PTH INTER	VAL (MD)	AM	OUNT AND KIN	N TO OF	ATERIAL USED
772-7788' w/ 594-7752' w/	/10 <b>~ .</b> 50"   /50 <b>~</b> .50"	Holes			72-88		w/40	00g. 20%	acid	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3030 I	notes			94-775 94-775		$\frac{w/250}{1.5}$	00g. 20%	acid	
				-/3	94-773		M/ 12	000g. 20%	aci	d + 900# block
3.•	<del></del>		· · · · · · · · · · · · · · · · · · ·	PRODUCTI	ON				<del></del>	
ATS FIRST PRODUCT	PRODU	CTION METHOD	Flowing, pas ti	ft, pumping	size an	d type of pun	ip)	WELL	BTATUB	(Producing or
2-9-91			Flowing				* •		it-in) lucing	g
2-15-91	HOURS TESTED	CHOKE SIZE	PROD'N, PO	OD	BBL,	GA8310	Pr.	WATER-BBI		UAS-OIL RATIO
LOW, TUBING PRESS,	1 24 1 CABING PRESECT	40/64".	OEL: BRI	<b>25</b>		570		992		2262
350	Pkr	24-HOUR RA	252	i	GA8мс 57		WATER- 992			AVITY-API (CORR.)
4. DISPOSITION OF	GAB (Sold, used for		3	!		<u> </u>	992	TEST WITHE	42	
Sold - conn	ected to Ya	ates Gas Ga	thering 2	2-9-91				John		
5. LIST OF ATTACH	<del>-</del>				<del></del>					
Deviation S  16. I hereby certify	that the foregoin	s and attached	information to	complete -	1d					
		Χ.						all available t	ecords	
BIGNER	and Z	Loalte	TITLE	Produ	<u>ction</u>	Supervis	or	DATI	<u> 2-</u>	18-91
0	*(Se	e Instructions o	and Spaces 6	-r ∆ddiai	onal D-	ta on D		-1	<del></del>	
	,50.		obaces it	waaiii	סייויייייייייייייייייייייייייייייייייי	na ou veas	nse Did	e)		

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and 38. recoveries):

GEOLOGIC MARKERS

recoveries):		707704	DESCRIPTION, CONTENTS, ETC.		TO	)P
FORMATION	TOP	BOTTOM		NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			DST #1 6500-6530' (30') WOLFCAMP LIME: TIMES: 20", 60", 60", 180". RECOVERY:	San Andres	546	
			344' drilling mud, 3' distillate, 340' mud cut form water, Resistivity .08 @ 60,	Glorieta Yeso	2108 2206	1 424 2 1
		'	Cl 88000; 353 formation water, resistivity			
			0.71 @ 60, C1 11100. SAMPLER: 1.68 cfg,	Green Abo Shale	5624	
		,	50 cc oil, 500 cc water. PRESSURES: IHP	Wolfcamp Lime	5694 7543 ⊊	
			3081, IFP 104-301, ISIP 2808, FFP 254-479, FSIP 2564, FHP 3090	Canyon Lime Canyon Dolomite	7588	
			FS1F 2504, FHF 5090	B. Dolomite	7900	
				VILERY OFFICE O'C'O' EFR: 0 10d1		
				ER S. O. 16		
				ARREAN O C. C		<u>-</u> 18.5 mil
	**			a o x		
				<b>*</b>	1	
		, ( <u>,</u>		14	<b>.</b>	
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		\$ 1 1				
	F.,					
	. أو منته بالمساسات أو		● a Moral Archae Arc			

WELL NAME	AND NUMBER	Rig #4 Hil	lview AHE	Fed Com	#8			4
LOCATION	660 FS&EL	Sec. 14, T20	OS, R24E,	Eddy Cour	nty 25	CEIVED		
00504700	,	Section, To	•	a kange)	FE8	1 & U 1091		
OPERATOR		oelum Corpor		<del></del>		). C. D.	· . · . · . ·	<del></del>
DRILLING C		McVay Dri	<del></del>			SIA, OFFICE		
drilling c	indersigned he ontractor who tests and ob	o drilled th	e above d	escribed	authorized r well and tha	represent it he has	ative of th conducted	ie
Degree	es @ Depth		Degrees	@ Depth		Degrees	@ Depth	
3/4	245		21/2	4,682		2-3/4	6,164	
3/4	766		2-3/4	4,700		2-3/4	6,290	
1	1,017		2-3/4	4,785		3	6,415	
1	1,206		2-3/4	4,847		3	6,530	
$1^{1}_{2}$	1,532		2-3/4	4,972		2-3/4	6,610	
14	1,999		3 3	5,067 5,161		2-1/4	6,735	
3/4	2,439		3	5,256		1	6,861	
1/2	2,938		3	5,350		1-3/4	6,987	
3/4	3,434		3	5,444		1-3/4	7,144	
1/2	3,903		3	5,538		2½	7,613	
1/2	4,092		2-3/4	5,632		1-3/4	7,819	
1/4	4,247		3	5,726		1½	8,105	
1	4,370		3-1/4	5,821				
2	4,496		3-1/4	5,915				
2-3/4	4,589		2-3/4	6,038				
			Drilling	Contracto	or McVay D	rilling (	Company	
				В		1.0.	42 - Dr.	
Subscribed	and sworn t	o before me	this 1st	_	of February	y	, 1991	<u>.</u>
			***************************************		hilles	an (	Querta	N. A
					X			7

\_County<u>New Mexico</u>

My Commission Expires: 12/27/91

Form 3160-5 (July 1989) (Formerly 9-331)	UNITED ST DEPARTMENT OF TO BUREAU OF LAND M	HE INTERIOR	OFFICE FOR NUMBER OF COPIES REQUIRED (Other Instructions on verse side)	Modified N1060-316 5. LEASE DESIG	0-4 ENATION AND SERIAL NO.	F.
(Do not use this form	RY NOTICES AND TO THE TOTAL PROPERTY OF THE	REPORTS ON deepen or brug back			LLOTTEE OR TRIBE NAME	
OIL X GAS WELL	OTHER	1 MAR 5 AI	1 9 18	7. UNIT AGREES	IENT NAME	
2. NAME OF OPERATOR YATES PETROLEUM	( CORPORATION /		3a. Area Code & Phone 505/748-1471	· <del>-</del>		
3. ADDRESS OF OPERATOR	CORPORATION V		303/740-14/1	Hill View 9. WBLL NO.	AHE Federal	
105 South 4th S	St., Artesia, NM &	38210	RECEIVED	8		
See also space 17 below.) At surface	re location clearly and in accor	rdance with any State	requirementa:	1	roor, or wildcar ger Draw Upper P	onn
660' FSL & 660' F	EL, Sec. 14-20S-24	E	FEB & v 1091	11. SEC., T., R.,	M., OR BLK, AND	eiiii
			O. C. D.  ARTESIA OFFICE	ĺ	ec. 14-T20S-R24E	;
30-015-26602	15. ELEVATIONS (	Show whether DF, RT, C 3613 GR	iR, etc.)	1	PARISH 13. STATE	
				Eddy	NM	
	Check Appropriate Box 1	To Indicate Natur	e of Notice, Report, or	r Other Data		
NOTIC	CE OF INTENTION TO:		BUBS	EQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CAS		WATER SHUT-OFF		IRING WELL	
PRACTURE TREAT	MULTIPLE COMPLET ABANDON®	E	FRACTURE TREATMENT SHOOTING OR ACIDIZING		DONMENT*	
REPAIR WELL	CHANGE PLANS		(Other) Perforate		X	
(Other)			Completion or Recor	ilts of multiple comp upletion Report and	Log form.)	
17. DESCRIBE PROPOSED OR COM- proposed work. If wel- nent to this work.) *	PPLETED OPERATIONS (Clearly sile is directionally drilled, give	tate all pertinent deta subsurface locations	alls, and give pertipent dat and mensured and true ver	tes, including estimatical depths for all s	ed date of starting any narkers and sones perti-	
2-7-91. Perforated and 7788' (2 SPF) 2-8-91. Perforated 10 holes), 7632, 36, 38, 40, 42, 44 2-9-91. Acidized	out DV tool at 5419 d 7772-7788' w/18 d 7772-7788' w/18 d 7594-7752' w/50 34, 36, 38, (2 SPF-4, 46, 48, 50, and perforations 7594-Made 4 runs. Well	40" holes ations 7772-7 50" holes -8 holes) 768 7752' (2 SPF -7752' w/2500	788' w/4000 gals as follows: 756, 88, 90, 92 (2-24 holes). gals 20% NEFE a 0 gals 20% NEFE	20% NEFE ac 94, 96, 98, SPF-8 holes cid + ball s	id. 7604, 06 (2 SPF- ), 7730, 32, 34, ealers, (4 stage	•
					•	
	,					
					•	
	•					
18. I herepy certify that the	foregoing is true and correct					
SIGNED Lani	to Sadles	TITLE Produc	tion Supervisor	DATE	2-11-91	
(This space for Federal o	r State office use)					
APPROVED BYCONDITIONS OF APPRO	VAL, IF ANY:	TITLE	ACC	CEPTED EQR R	<u>ECORD</u>	
				FEB 1 5 19	91	
	*Se	e Instructions on I	Reverse Side	<b>5J</b> \$		

CONTACT RECEIVING

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 folion. Scripts or fraudulent statements or representations.

SUNDRY NOTICES AND ERPORTS ON WELLS  OTHER 2 THE Z2 THE 3 THE 22 THE 3 THE	Form 3160-5 (July 1989) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEMEN		BLM Roswell District Modified Form No. NM060-3160-4 5. LEASE DESIGNATION AND SERIAL NO. NM 045274
OTHER STATES OF THE STATE OF TH	SUN (Do not use this	DRY NOTICES AND REPORTS	ON WELLS	I .
A CORRESPONDED TO PATENDA THE PRODUCTION 2-9-91.  WELL CONNECTED TO YATES GAS GATHERING SYSTEM FOR CASINGHEAD GAS SALES.  10. A CORRESPONDED TO PATENDA TO PATENDA THAT PRODUCTION TO PATENDA THAT PAT	OIL [[V] GAS [	91 FEB 22 HIT 9	13	7. UNIT AGREEMENT NAME
Accepted of prefation  10.5 South 4th St., Artesia, NM 88210  10.6 College of the flow of the flow of the foregoing is true and correct  10.6 South 4th St., Artesia, NM 88210  10.6 College of the flow of the fl	2. NAME OF OPERATOR			8. PARM OR LEASE NAME
10.5 South 4th St., Artesia, NM 88210  10. Internal of will, likeport location clearly and in accordance with any State requirements states. State of the control of the co		UM CORPORATION	505/748-1471	
4. SOLUTION OF WELL (Report location clearly and in accordance with any State requirements. State 15 [99]  660' FSL & 660' FEL, Sec. 14-20S-24E  660' FSL & 660' FEL, Sec. 14-20S-24E  660' FSL & 660' FEL, Sec. 18-20S-24E  660' FSL & 660' FSL & 660' FSL, Sec. 19-20S-24E  660' FSL & 660' FSL & 660' FSL, Sec. 19-20S-24E  660' FSL & 660' FSL & 660' FSL, Sec. 19-20S-24E  660' FSL & 660' F		St., Artesia, NM 88210		<b>\</b>
South Dagger Draw Upper  660' FSL & 660' FEL, Sec. 14-20S-24E  11. SEC., T. B. M. OR BLK. AND  12. COUNTY OF PAIRS  30-015-26602  13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  15. SULVATION (Show whether by . St. Cs. Cs. Cs. Cs. Cs. Cs. Cs. Cs. Cs. Cs	4. LOCATION OF WELL (R	port location clearly and in accordance with any	State requirements SiVED	<u> </u>
It server certify that the foregoing is true and correct storms. ACCEPTED FOR RECORD  It server certify that the foregoing is true and correct storms. ACCEPTED FOR RECORD  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server certify that the foregoing is true and correct storms. ACCEPTED Supervisor  It server are an exposite storms and supervisor  It server are an exposite storms and supervisor superviso	At surface		FEB 1 5 1991	11. SEC., T., B., M., OR BLK, AND
30-015-26602  3613' GR  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PRACTURE TREAT HIGHOR OR ACTINER HARMON' REPART WELL HORD OR COMPLETED OF REATION: (Clearly state all pertinent details, and give reprinent and Log form.)  17. DESCRIBE PROPUNED OR COMPLETED OF REATION: (Clearly state all pertinent details, and give reprinent and after of starting any nent to this work.)  18. I herefor certify that the forepolar, is true and correct Storm Lamita Application of the forepolar, is true and correct Storm Lamita Application of Title Production Supervisor  DATE 2-11-91			APPESIA DEEKE	
NOTICE OF INTERNION TO:  TEST WATER SHUT-OFF PRACTURE TREAT MULTIPLE CONPLETE PRACTURE TREAT MULTIPLE CONPLETE MULTIPLE CONPLETE MULTIPLE CONPLETE MADADON ACIDITE MADADON ACIDITE MADADON MULTIPLE CONPLETE MADADON MADADON ACIDITE MADADON MENT  (Other)  17. DESCRIBE PROPUSED OR CONPLETED OFFRATIONS (Clearly state all pertleent details, and give pertinent dates, including estimated date of starting any part to this world, well is directionally drilled, give subsurface locations and measured and true vertical deptits for all markers and markers		1	, ni, un, ea.,	
NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF  PRACTURE TREAT  MELTITLE CONFIETE  ASSNOW*  (Other) IST PRODUCTION  (Note: Repair well is directionally drilled, give subsurface locations and mensured and true vertical depths for all markers and sonse pertinent forms of the pertinent depths for all markers and sonse pertinent forms or converted to the complete of the compl	16.	Check Appropriate Box To Indicate 1	Nature of Notice, Report, or (	Other Data
PRACTURE TREAT SHOOT OR ACIDIER CHANGE PLANS (Other) IST PRODUCTION  Nors. Report results of multiple completion on Wall Completion or completion personal log form.)  17. DEERGIBE PRODUCTION 2-9-91.  FIRST PRODUCTION 2-9-91.  WELL CONNECTED TO YATES GAS GATHERING SYSTEM FOR CASINGHEAD GAS SALES.  ACCEPTED FOR RECORD  FEB 1 2 1991  CARLSBAD, NEW MEXICO  IR. I hereby certify that the foregoing is true and correct Storm Lants Apolline TITLE Production Supervisor  DATE 2-11-91	N			
SHOOT OR ACIDIZE  REPAIR WELL  (Other)  1. ST PRODUCTION  (Other)	TEST WATER SHUT-OF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
REPAIR WELL  (Other)	. FRACTURE TREAT	MULTIPLE COMPLETE	FRACTUBE TREATMENT	ALTERING CASING
(Other)  (Note: Report results of multiple completion on Wall Completion on Recompletion on Wall Completion on Recompletion on Wall Completion on Recompletion on Report and Log form.)  (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 menanired and true vertical depths for all markers and gones pertinent to this work.)  FIRST PRODUCTION 2-9-91.  WELL CONNECTED TO YATES GAS GATHERING SYSTEM FOR CASINGHEAD GAS SALES.  ACCEPTED FOR RECORD  FEB 1 2 1991  CARLSBAD, NEW MEXICO  R. 1 bergsy certify that the foregoing is true and correct storm.  Storm Antha Abalia Title Production Supervisor DATE 2-11-91	SHOOT OR ACIDIZE	ABANDON*		
17. 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 sones pertinent to this work.)  FIRST PRODUCTION 2-9-91.  WELL CONNECTED TO YATES GAS GATHERING SYSTEM FOR CASINGHEAD GAS SALES.  ACCEPTED FOR RECORD  FEB 1 2 1991  CARLSBAD, NEW MEXICO  18. 1 bereby certify that the foregoing is true and correct storm.  TITLE Production Supervisor  DATE 2-11-91		CHANGE PLANS		
CARLSBAD, NEW MEXICO  18. I hereby certify that the foregoing is true and correct  SIGNED LANGE 2-11-91	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	well is directionally drifted, give subsurface loca	Completion or Recomp	letion Report and Log form.)
CARLSBAD, NEW MEXICO  18. I hereby certify that the foregoing is true and correct storage Carity Carter and Correct Production Supervisor  DATE 2-11-91	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) • FIRST PROD	UCTION 2-9-91.	Completion or Recomp at details, and give pertinent dates tions and measured and true vertic	eletion Report and Log form.) , including estimated date of starting any all depths for all markers and sones perti-
CARLSBAD, NEW MEXICO  18. I hereby certify that the foregoing is true and correct storage Carity Carte and Correct Title Production Supervisor  DATE 2-11-91	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) • FIRST PROD	UCTION 2-9-91.	Completion or Recomp at details, and give pertinent dates tions and measured and true vertic	eletion Report and Log form.) , including estimated date of starting any all depths for all markers and sones perti-
CARLSBAD, NEW MEXICO  18. I hereby certify that the foregoing is true and correct  SIGNATE And LAND TITLE Production Supervisor  DATE 2-11-91	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) • FIRST PROD	UCTION 2-9-91.	Completion or Recomp at details, and give pertinent dates tions and measured and true vertic	eletion Report and Log form.) , including estimated date of starting any all depths for all markers and sones perti-
SIGNED CERTIFY that the foregoing is true and correct  SIGNED CARTE 2-11-91	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) • FIRST PROD	UCTION 2-9-91.	Completion or Recomplete of Recomplete Complete	letion Report and Log form.) Including estimated date of starting any all depths for all markers and sones perti-
sione Canita Dodlie TITLE Production Supervisor DATE 2-11-91	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) • FIRST PROD	UCTION 2-9-91.	Completion or Recomplete of Re	letion Report and Log form.) Including estimated date of starting any all depths for all markers and sones perti-
(This space for Federal or State office use)	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) • FIRST PROD	UCTION 2-9-91.	Completion or Record  It details, and give pertinent dates  It details	nicluding estimated date of starting any all depths for all markers and sones perting any all depths for all d
	17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *  FIRST PROD  WELL CONNE	UCTION 2-9-91.  CTED TO YATES GAS GATHERING S	Completion or Record  It details, and give pertinent dates  tions and measured and true vertice  YSTEM FOR CASINGHEAD  ACCEPTED FOR RECO  FEB 1 2 1991  CARLSBAD, NEW MEX	including estimated date of starting any all depths for all markers and sones perting any all depths and all depths are all depths and all depths are all depths and all depths and all depths are a

\*See Instructions on Reverse Side

Form 3160-5 (July 1989) (Formerly 9-331)	NUSTUNITED STATES PARTMENT OF THE I	OFFICE FOR NAMER OF ODFISS REQUIRED OCHES INSTRUCTIONS ON	Modified Form No.  NO60-3160-4  5. LEASE DESIGNATION AND SERIAL NO.
	BUREAU OF LAND MANAG		NM 045274
SUNDRY	NOTICES AND REPO		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS GAS WELL X	THER		7. UNIT AGRESMENT NAME
2. NAME OF OPERATOR		3a. Area Code & Phone I	No. 8. FARM OR LEASE HAME
YATES PETROLEUM C	ORPORATION /	505/748-1471	Hill View AHE Federal
3. ADDRESS OF OPERATOR	America NW 99310		8. WHILE NO.
4. LOCATION OF WELL (Report le	, Artesia, NM 88210 cation clearly and in accordance	with any State requirements USIVEO	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			South Dagger Draw Upper Penn
660' FSL & 660' FEI	., Sec. 14-20S-24E	FEB - 7 1991	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
		O. C. D.	Unit P, Sec. 14-T20S-R24E
30-015-26602		GR	Eddy NM
16. Che	eck Appropriate Box To Ind	icale Nature of Notice, Report, or	Other Data
NOTICE (	P INTENTION TO:	SUBSI	EQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZA	ABANDON*	SHOOTING OR ACIDIZING	ABANDONASHT*
REPAIR WELL	CHANGE PLANS	(Other) Production	its of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLI	STED OFFRATIONS (Clearly state all	<del></del>	upletion Report and Log form.) es. including estimated date of starting any
8105' as follows: 80, 4 jts 7" 26# J- Stage 1 - 500 gals Gilsonite + 5#/sx s 2 hrs. Circulated Lite w/5#/sx Gilson sx Class H Neat (yi	14 jts 7" 26# N-80, 55. Float shoe set Super Flush 101 + 80 salt (yield 1.12, wt 130 sx to pit.* Oper site + 5#/sx salt + 1 seld 1.18, wt 15.6).	8105', float collar set 8 00 sx Class H w/3/10% CFR- 15.4). PD 1:15 AM 1-31-9 a DV tool with 800 psi. 8 1/4#/sx Floseal (yield 1.8 PD 4:30 AM 1-31-91. Cir	ts 7" 23# J-55, 21 jts 7" 23# N-8060'. Cemented in 2 stages: -3+4/10% Halad 22A + 5#/sx 91. Circulated thru DV tool Stage 2 - 850 sx Halliburton 84, wt 12.7). Tail in w/100
	•		
18. I hereby certify that the fore	goldg is true and correct		
sicy anitag	Landle TITE	Production Supervisor	DATS
(This space for Federal or Si	ate office use)	F	ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL	L IF ANY:		FEB 6 1991

\*See Instructions on Reverse Side

SJS CARLSBAD, NEW MEXICO

Form 3160-5 (July 1989) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTE	•	BLM Roswell District  Modified Form No.  NO60-3160-4  5. LEASE DESIGNATION AND SERIAL NO.  NM 045274
(Do not use this	DRY NOTICES AND REPORTS form for proposals to drill or to deepen or pit Use "APPLICATION FOR PERMIT—" for suc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL WELL WELL	OTHER		SKAN THEMSSES TINU .T
2. NAME OF OPERATOR	EUM CORPORATION	3n. Aren Code & Phone No. 505/748-1471	Hill View AHE Federal
105 South 4tl Location of Well (R See aims space 17 being At surface	h St., Artesia, NM 88210 seport location clearly and in accordance with a bw.)	FEB - 6 1991 any State requirements. O. C. O. AMESIA, OFFICE	9. WELL NO.  8  10. FIELD AND POOL, OR WILDCAT  South Dagger Draw Upper Penn  11. SEC., T., R., M., OR BLE. AND
660' FSL & 66	50' FEL, Sec. 14-20S-24E		SURVEY OR ARMA
14. PERMIT NO. 30-015-26602	15. FLEVATIONS (Show whether	,	Unit P, Sec. 14-T20S-R24E  12. COUNTY OR PARISH 13. STATE  Eddy NM
16.	Check Appropriate Box To Indicate		
2	NOTICE OF INTENTION TO:		ENT REPORT OF:
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE BEZ-HR WELL (Other)  17. DESCRIBE PROPERSED OR proposed work. If nent to this work.)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS  COMPLETED OPERATIONS (Clearly state all pertivuell is directionally drilled, give subsurface is	Completion or Recomple	ALTERING CASING ABANDONMENT*  of multiple completion on Well etion Report and Log form.)  Including estimated date of starting any I depths for all markers and gones perti-
Carlsbad, NM, BLM, Carlsbad, 1206', insert CaCl2 (yield 10:30 PM 1-10-	ole 2:15 PM 1-6-91 with rathor of spud. Resumed drilling of spud. Resumed drilling of spud. Ran 28 joints 9-5/8" of float set 1164'. Cemented to 1.9, wt 12.4). Tailed in w/2-91. Bumped plug to 400 psi out 4:45 PM 1-11-91. WOC 18 rilling.	14-3/4" hole 8:00 AM 1-8 36# J-55 ST&C casing set w/900 sx Lite, 10# Gilso 200 sx "C" + 2% CaCl2 (y , float held okay. Circ	3-91. Notified Jim Amos, 1206'. Guide shoe set onite, 1/2# Flocele + 3% vield 13.2, wt 14.8). PD culated 90 sacks cement.
			:
			• •
18. I hereby certify that	the foregoing() true and correct		
SIGNEDILAN	uta Sarllie TITLE P	roduction Supervisor	DATE 1-30-91
(This space for Federal	·		ACCEPTED FOR RECORD.
CONDITIONS OF API	PROVAL, IF ANY:	······································	FEB 4 = 1991

\*See Instructions on Reverse Side

CARLSBAD; NEW MEXICO