

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE FOR NMBF
OF COPIES REQUIRED
(Other instructions on re-verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FSL & 810' FEL, Sec. 4-T20S-R24E

5. LEASE DESIGNATION AND SERIAL NO.
NM 39635

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mimosa AHS Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Unit I, Sec. 4-T20S-R24E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.
30-015-26449

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3750' GR

3a. Area Code & Phone No.
505/748-1471

OCT 2 11 25 AM '90
OCT 17 '90
O.C.D. ARTESIA OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 zones pertinent to this work.)

Request permission to drill well to 11150' to test the Bliss/Devonian formation for oil and/or gas.

Note: APD proposed depth - 9500'.

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

SIGNATURE [Signature] TITLE Production Supvr. DATE 10-1-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-15-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side