

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 043625

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Saguaro AGS Federal Com

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

South Dagger Draw Upper Penr

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Unit F, Sec. 23-T20S-R24E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION (505) 748-1471

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

2180' FNL & 1980' FWL, Sec. 23-20S-24E

14. PERMIT NO.
30-015-26475

15. ELEVATIONS (Show whether DF, ST, or GR)
3640' GR

RECEIVED
JAN 25 '91
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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other)
(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.)*

12-29-90. Acidized existing perforations 7626-7744' w/5000 gals 15% NEFE acid.

RECEIVED
JAN 17 11 23 AM '91
OAS
AREA

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-15-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side