

NM Oil Cons. Commission
Form 3160-3 Drawer DD
(July 1989) Artesia, NM 88210
(Formerly 9-331)
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

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

dsf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		JAN 26 '90	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		31. Area Code & Phone No. 505/248-1371	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL, Sec. 22-5S-24E		5. LEASE DESIGNATION AND SERIAL NO. NM 14982	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
		7. UNIT AGREEMENT NAME N/A	
		8. FARM OR LEASE NAME Stancel Federal	
		9. WELL NO. 7	
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 22-T5S-R24E	
14. PERMIT NO. API #30-005-61412		15. ELEVATIONS (Show whether DF, RT, OR, etc.)	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Tank hit by lightning	X

(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.) *

1-22-90. Confirming telephone conversation to Stan Mayo, BLM Roswell, NM, tank (210 bbl fiberglass) on location was hit by lightning during storm on night of January 17 - 18, 1990. The tank was destroyed. The tank was discovered by the pumper approximately 11:30 AM Saturday, January 20, 1990. There were no liquids in the tank. The damaged tank will be removed and replaced if needed.



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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 1-22-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

JAN 24 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side