

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

clsf

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		OCT 26 '90	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471	
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 860' FNL & 1980' FWL, Sec. 21-5S-24E		5. LEASE DESIGNATION AND SERIAL NO. NM 14983	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Monaghan QY Federal	
		9. WELL NO. 4	
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 21-T5S-R24E	
14. PERMIT NO. 30-005-61522	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4001.4' GR	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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Correct location

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

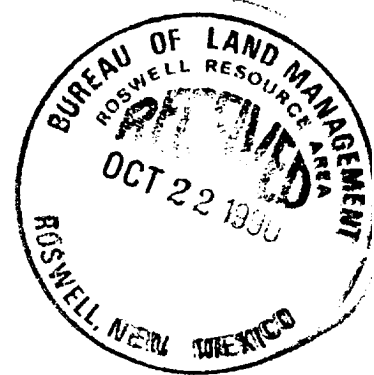
(NOTE: Report results of multiple completion on Well Completion or Reconpletion Report and Log form.)

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.) *

CORRECTION - WELL LOCATION:

FROM: NE/NW, 860' FNL & 1980' FEL, Sec. 21-T5S-R24E

TO: NE/NW, 860' FNL & 1980' FWL, Sec. 21-T5S-R24E



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

SIGNED Peter W. Chester

TITLE Production Supvr.

DATE 10-19-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
PETER W. CHESTER

OCT 25 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side