

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW 012 002
Drawn by
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

c15F

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

RECEIVED

FEB 18 1993

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
YATES PETROLEUM CORPORATION (505) 746-1471

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit A, 660' FNL & 660' FEL, Sec. 22-T7S-R25E

5. Lease Designation and Serial No.
NM 28162

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Thorpe MI Federal #8

9. API Well No.
30-005-61563

10. Field and Pool, or Exploratory Area
Pecos Slope Abo

11. County or Parish, State
Chaves, NM

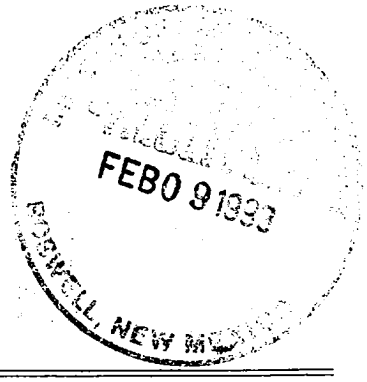
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Add perforations in existing zone.	<input type="checkbox"/> Dispose Water

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

13. 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.)*

Well is completed in perforations 3805-3986'. Propose to add Abo pay above the existing perms at 3660-70' and 3675-77' (1 spf-14 holes). Will acidize perms w/1500g. 7 1/2% NEFE acid. Frac 3660-3677' w/30000 gals 30# linear gel and approx. 60000# 20/40 sand. Swab well and return to production.



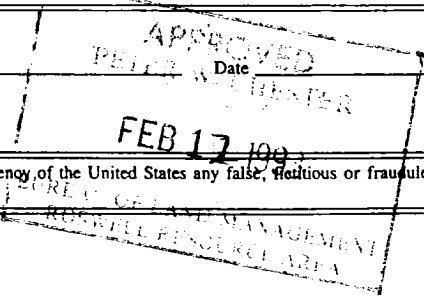
14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Production Supervisor Date 2-8-93

(This space for Federal or State office use)

Approved by _____ Title _____

Conditions of approval, if any:



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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side