

Form 3160-5  
(July 1989)  
(Formerly 9-331)

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

BLM Roswell District  
Modified Form No.  
NM060-3160-4

## 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM 19421	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓		8. FARM OR LEASE NAME Catterson SS Federal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 4		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FWL, Sec. 7-7S-26E		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit E, Sec. 7-T7S-R26E	
14. PERMIT NO. API #30-005-62721		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3704.5' 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 <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"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) Perforate, Treat	

(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.) \*

9-21-89. TD 4250'. WIH and perforated 3719-3731' w/11 .42" holes as follows:  
3719, 20, 21, 22, 23, 24, 27, 28, 29, 30 and 3731. Acidized perms 3719-31' w/1500  
gals 7½% acid + 22 ball sealers. Sand frac'd (via 4½" casing) w/16000 gals gelled  
KCL water and 17600# 20/40 sand.

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

SIGNATURE Peter W. Chester

TITLE Production Supvr.

DATE 10-2-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

