Form 3160-5 (July 1989) (Formerly 9-331) DFF	UNITED ARTEST		* OF COPIES RECOURED.	MM Roswell Dis Modified Form N NYO60-3160-4	o. 01	
(Formerly 9-331) DEPARTMENT OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT				5. LEASE DESIGNATION AND SERIAL NO. NM 3051		
SUNDRY	NOTICES AND REP	PORTS ON	WELLS o a different reservoir.	G. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
OIL GAS WELL XX OTHER				7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR 31. Area Code & Phone No.				. 8. FARM OR LEASE NAM	8. FARM OR LEASE NAME	
YATES PETROLEUM CORPORATION 3. ADDRESS OF OPERATOR			505/748-1471	Hewitt IM Federal		
105 South 4th St., Artesia, NM 88210			#FCHVED	9. WHLL NO.	3	
4. LOCATION OF WELL (Report lo See also space 17 below.)	cation clearly and in accordance	requirements.*	10. FIELD AND POOL, O	R WILDCAT		
1980' FSL & 660' FWL, Sec. 21-T6S-R25E			JUN 21 '90		Pecos Slope Abo 11. SEC., T., E., M., OR BLE, AND SURVEY OR AREA	
14. PERMIT NO. 15 REPARTIONS (Show whether Dr. 97 and 16.				Unit L. Sec.	_ Unit L, Sec. 21-6S-25E	
14. PERMIT NO. 30-005-62782	15. ELEVATIONS (Show		ARTESIA, OFFICE	12. COUNTY OR PARISH	13. STATE	
				Chaves	NM NM	
Check Appropriate Box to Indicate Nature of Notice, Report, or O				Other Data	ther Data	
				ENT REPORT OF:		
FRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE		WATER SHUT-OFF	REPAIRING W		
SHOOT OR ACIDIZE	ABANDON*		PRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CA		
REPAIR WELL,	CHANGE PLANS	X	(Other)			
(Other) 17. DESCRIBE PROPOSED OR COMPLET proposed work. If well is	Chir Outparting of Charles		Completion or Recomb	of multiple completion of letion Report and Log for	m \	
nent to this work.) *		aract locations at	no mensured and time vertica	u deptus for all markers	and zones perti-	
Confirming tel with Mr. Peter	ephone conversation Chester, BLM, Rost	n of Mr. Al well, NM ca	l Springer, Yates asing depth will b	Petroleum Corpo e changed as fo	ration, llows:	
17-1/2" hole 12-1/4" hole	- 13-3/8" casing se - 8-5/8" casing se	et 800'. et 1400'.	(APD showed 13-3/(APD showed 8-5/	8" set 650') 8" set 1500')		
				BUREAU OF THE SOURCE	RECEIVED 19	
8. I hereby certify that the forego	ing is true and correct					
SIGNED and	Collect TIT	Product:	ion Supervisor	<u> 1747н 6-7-9</u>	0	
(This space for Federal or State office use)		······································		PETER	KOVED	
APPROVED BYCONDITIONS OF APPROVAL,	TF ANY:	LE		_ DATE	Y. CHESTER	
				JUN)	2 0 1990	
	*See Insi	tructions on Re	verse Side	BUREAU OF LAS	SD MANAGEMENT	