	ED STATES X OF THE INTERD LAND MANAGEMEN	(Other instructio on	Form approved. Budget Burgan No. 1004-(135) Expires August 31, 1085 5. LEASE DENDINATION AND BERIAL NM-37510
SUNDRY NOTICES	AND REPORTS C	ON WELLS	6 IF INDIAN, ALLOTTKE OR TRIBE NAME
1.		RECEIVED	7. UNIT AGREEMENT NAME
OIL GAS WELL WELL OTHER 2. NAME OF OPERATOR		- APR - 1 1991	Salt Creek Unit 8. FARM OR LEASE NAME
Yates Petroleum Corporatio 3. ADDRESS OF OPERATOR	<u>n</u>	O. C. D. ARTESIA, OFFICE	9. WELL NO.
<ul> <li>105 South Fourth Street, Artesia, NM 88210</li> <li>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</li> <li>Unit K; 1980'FSL and 1980'FWL</li> </ul>			1 10. FIELD AND POOL OR WILDCAT
			Pecos Slope Abo 11. SPC., T., B., M., OB BLE. AND BURVEY OR ABEA
			Sec. 21-T6S-R21E
14. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 13. STATE
	_4448' GR		Chaves NM
16. Check Appropr	iate Box To Indicate No	ature of Notice, Report, or	Other Data
			EQUENT REPORT OF :
TEST WATER SHUT-OFF	R ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	LE COMPLETE	FRACTUBE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDO		SHOOTING OR ACIDIZING	ABANDONMENT <sup>•</sup>
REPAIR WELL       CHANGE PLANS       (Other)         (Other)       Request for variance       x         (Other)       Request for variance       x         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates.			its of multiple completion on Well apletion Report and Log form.)
the BOPE and casing psi. The rig pump w Yates requests this	to be tested to l vill be used to do	500 psi to testing the testing.	granted in requiring the casing to 1000
		essure in the Abo f e at the surface wo	
2) The Abo forma flow.	tion is such that	is has to be treat	ed before it will
order to test	to higher pressu be hired. This	nnot safely test ab res, an independent would result in gre	service company
18. I hereby certify that the foregoing is true a	nd correct		
SIGNED Clifta R. Ma	<b></b>	Permit Agent	DATE2-19-91
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :	TITLE	· · · · · · · · · · · · · · · · · · ·	<b>DATE</b>
	123 S St.		
	<b></b>		
3 <sup>2</sup> 4 	*See Instructions	on Reverse Side	

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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.