

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

MA Roswell District
Modified Form No.
NM 30-3160-4

clsf

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.)

RECEIVED
FEB -5 '90

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER		3. AREA CODE & PHONE NO. 505/748-1011	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Federal AA	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL, Sec. 27-T18S-R24E		10. FIELD AND POOL, OR WILDCAT Penasco Draw-SA-Yeso	
14. PERMIT NO. 30-015-00148		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3712' GR	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 26-T18S-R24E		12. COUNTY OR PARISH Eddy	
		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) Casing test on TA well

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.) *

PER BUREAU OF LAND MANAGEMENT LETTER OF DECEMBER 19, 1989.

YATES PETROLEUM CORPORATION IS MOVING A PULLING UNIT IN TODAY TO PERFORM A CASING INTEGRITY TEST ON THIS TA WELL.

THE BUREAU OF LAND MANAGEMENT WILL BE NOTIFIED PRIOR TO TESTING WELL

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

SIGNED Shannon J. Shaw

TITLE Production Supervisor

DATE 1-30-90

(This space for Federal or State office use)

Orig. Signed by Shannon J. Shaw

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 2-2-90

*See Instructions on Reverse Side