

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.
ARTESIA OFFICE

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

5. Lease Designation and Serial No.
NM 045274-86241

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Hill View AHE Federal #1

2. Name of Operator
YATES PETROLEUM CORPORATION ✓

9. API Well No.
30-015-26335

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210 (505) 748-1471

10. Field and Pool, or Exploratory Area
North Dagger Draw U/Penn

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unt D, 660' FNL, 660' FW1, Sec. 12-T20S-R24E, NMPM

11. County or Parish, State
Eddy, 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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Acidize, polymer squeeze
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection
	<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 producing from perforations 7652-7816'. Propose to TOH w/sub-pump. TIH w/tbg, pkr, and RBP. Set RBP ±7790', set pkr @ ± 7620'. Treat perforations 7652-7774' w/25000 gals 20% HCL acid.. Swab back and recover load. Pull RBP, set pkr @ 7785'. Squeeze perms @ 7796-7816' w/ ± 1500 bbls of X-linked polyacrylanide polymer @ ± .7 BPM. Flush polymer treatment w/95 bbls of lease crude. Swab well. Rerun sub-pump and return to production.

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

[Signature]
(This space for Federal or State office use)

Title Production Supervisor

Date 8-15-91

Approved by _____
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date 8/23/91

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

421
OP
GT
CT
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26335
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective Date: January 1, 1991
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hill View AHE Federal	Well No. 1	Pool Name, Including Formation N. Dagger Draw Upper Penn	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-045274
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 12 Township 20S Range 24E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Operating Limited Partnership	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77251-1183			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 S. 4th St. - Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 12	Twp. 20S	Rge. 24E
Is gas actually connected? Yes		When? 6-19-90		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe			DEC 14 '90	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT ARTESIA, OFFICE		
<i>Post-IO3 12-21-90 L. H. LT NRC</i>								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett JLG
Signature
Juanita Goodlett - Production Supvr.
Printed Name
12-14-90 Title
(505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 14 1990**
By **ORIGINAL SIGNED BY
MIKE WILLIAMS**
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.