Form 3160-5 (June 1990)

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 5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELL C. D. 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		NM 045274
		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well X Oil Gas Well Well Other	<i>j</i>	8. Well Name and No.
2. Name of Operator		Hill View AHE Federal #8
YATES PETROLEUM CORPORATION (505) 748-1471		9. API Well No.
3. Address and Telephone No.		30-015-26602
105 South 4th St., Artesia, NM 88210		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		South Dagger Draw U/Penn
Unit P, 660' FSL & 660' FEL, Sec. 14-T20S-R24E		11. County or Parish, State Eddy, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	
TYPE OF SUBMISSION TYPE OF ACTION		
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice Altering Casing		Conversion to Injection
	$oxed{X}_{ ext{Other}}$ Treat Well	Dispose Water
	·	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Describe Proposed or Completed Operations (Clearly state a give subsurface locations and measured and true vertice)	Il pertinent details, and give pertinent dates, including estimated date of startical depths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled,
6-13-92. Straddled perfs 773 Straddled perfs 768 Straddled perfs 763	0-52', acidized w/3000 g. 20% NEFE. 6-92', acidized w/2000g. 20% NEFE. 2-38', acidized w/2000g. 20% NEFE. 4-7606', acidized w/2000g. 20% NEFE.	
Straddled all treat	ed perfs and swabbed.	
6-14-92. Ran sub pump. Retur	ned well to production.	
	· SED FOR RECU	
	As	
	JUN 2 3 1992	
	TOTAL NEW MEXIC	
14. I hereby certify that the foregoing is true and correct Signed a antia a addition	Title Production Supervisor	Date 6-19-92
office use)		
Approved by	Title	Date