

UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985

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.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. NM 18503
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION (505) 748-1471		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL, 330' FWL, Sec. 1-8S-31E Unit L		8. FARM OR LEASE NAME Center XI Federal
14. PERMIT NO. 30-005-20901		9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4379.8' GR		10. FIELD AND POOL, OR WILDCAT Tomahawk SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 1-T8S-R31E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Notice of settlement test <input checked="" type="checkbox"/>		(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.)

Settlement test schedule set for 2-11-91 - 4:00 PM
See attached schedule.

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

SIGNED Glenn A. Soder

TITLE Production Supervisor

DATE 1-15-91

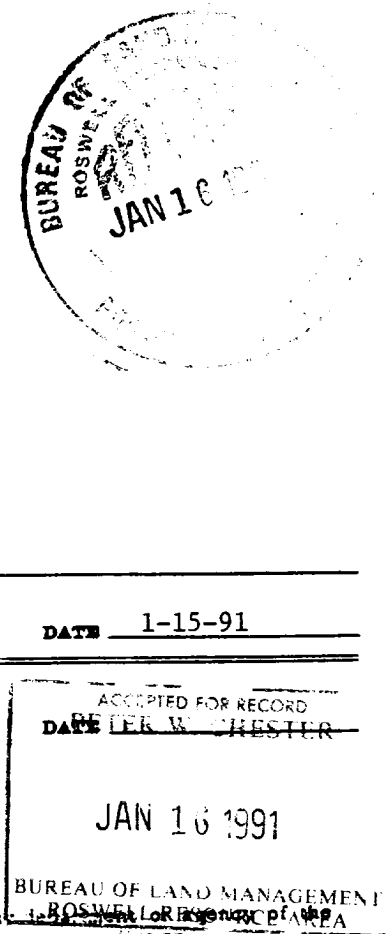
(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

JAN 18 1991

GOV
HOFER CANCE

OXY USA INC.
SETTLEMENT TEST SCHEDULE
DEC 31, 1990

YATES PETRO CORP
104 SOUTH 4TH ST
ARTESIA N M 88210
ATTN: PROD SUPT



PLANT: BLUITT-LEHMAN
EFFECTIVE DATE: 05/01/91 TO 11/01/91

LEASE	STATION	DATE	TIME
LIGHTCAP YR #1	276041	02/05/91	09:00 AM
LIGHTCAP YR #3	276042	02/05/91	10:00 AM
CROSSROADS AFX FED#1	273080	02/07/91	09:00 AM
LOVELESS	276021	02/11/91	10:00 AM
CENTER XI FED	276390	02/11/91	04:00 PM
UNION FED	276440	02/12/91	08:00 AM
SMITH ZJ	272270	02/20/91	08:00 AM
BURGLAND	272280	02/20/91	09:00 AM
SUN "UW" FED #2	272890	02/25/91	10:00 AM
MCALESTER AAH	271020	02/25/91	11:00 AM
COLA ADO	271910	02/26/91	10:00 AM
FASKEN FED.	274370	03/04/91	02:00 PM

THE TIME SHOWN FOR THE FIRST LEASE WILL BE THE STARTING TIME FOR THE DATE SHOWN. SUBSEQUENT TESTS WILL FOLLOW. YOU ARE INVITED TO HAVE A REPRESENTATIVE PRESENT TO WITNESS TESTS. IF YOU INTEND TO WITNESS THESE TESTS, PLEASE NOTIFY THE TESTER IN WRITING.

THIS LETTER WAS DIRECTED TO THE ADDRESS SHOWN HEREIN. WE WILL CHANGE THE ADDRESS AT YOUR REQUEST, BUT OUR PROGRAM DOES NOT PROVIDE FOR ADDITIONAL COPIES TO DIFFERENT ADDRESSES.

NOTE -- THIS SCHEDULE COVERS ONLY THOSE LEASES WHICH REQUIRE SEMI-ANNUAL TESTS. LEASES REQUIRING QUARTERLY TESTS WILL APPEAR ON A SEPARATE TEST SCHEDULE.

TESTER:
R L BROWNLOW
313 Douglas St
Levelland, TX 79336
(806) 894-2808

DIRECT CORRESPONDENCE TO:
OXY USA INC.
PO Box 300, Ste 22520TOP
Tulsa, OK 74102