

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P.O. BOX 1881
HOBBS, NEW MEXICO 88240
SUBMIT IN TR... INSTRUCT... ON RE...

Form approved.
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO NM-0256521
2. NAME OF OPERATOR Yates Drilling Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, NM 88210	7. UNIT AGREEMENT NAME Cactus Queen Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 2310' FWL unit C	8. FARM OR LEASE NAME
14. PERMIT NO. 30-005-21018	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4438' GR	10. FIELD AND POOL, OR WILDCAT SE Chaves On Gas Area Assoc
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 34-12S-31E
	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Convert to WIW	
(Other) <input 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.)*
- 8-27-90 WIH with 5½" csg. scrapper to 3053'. Came out of hole with scrapper. Ran 5½" Baker Tension Packer and 2 3/8" seating nipple, both nickel plated. Ran 93 jts. 2 3/8" plastic coated tbg., set at 2918.95'.
- 1-15-91 Acidized with 500 gals. 15% acid + 10% xylene. Displaced with 2% KCL water. Placed well on injection.

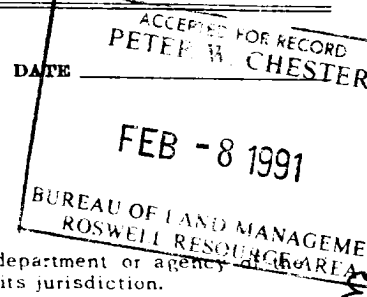
18. I hereby certify that the foregoing is true and correct

SIGNED Karen J. Leishman TITLE Production Clerk DATE 1-28-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____



*See Instructions on Reverse Side

RECEIVED

FEB 1 9 41 AM '91

BUREAU OF LAND MGT
ROSWELL RESOURCE
AREA

RECEIVED

FEB 12 1991

NO