

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District  
Modified Form No.  
NM60-3160-4

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		8. FARM OR LEASE NAME Howe TG Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 1830' FWL, Sec. 30-18S-34E		9. WELL NO. 1	
14. PERMIT NO. 30-015-22202		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3894' GR	
		10. FIELD AND POOL, OR WILDCAT E-K Bone Springs	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Unit K, sec. 20-T18S-R34E	
		12. COUNTY OR PARISH Lea	
		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) Notice of settlement test ☒

(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.)\*

Notice of settlement test from Conoco, Inc., beginning January 28, 1991.

See attachment.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-15-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

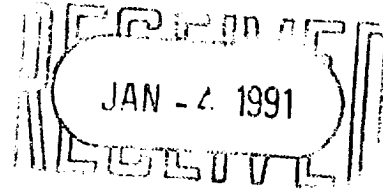
TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

CONOCO, INC.  
P. O. Box 90  
Maljamar, N. M. 88264  
(505) 676-2961

Yates Petroleum Corp.  
207 South 4th  
Artesia, New Mexico 88210



Gentlemen

This is to inform you that quarterly settlement tests will be made on gas we purchase from your leases, beginning on JANUARY 28, 1991.

As per BLM onshore Order #5, Sec. 3C #13, the lessee/Operator shall notify the Authorized Officer of the BLM at least 24hrs prior to the execution of these tests.

Please attempt to have your wells on normal production at this time.

If you plan to have someone present to witness the test please contact MEASUREMENT DEPARTMENT, MALJAMAR GAS PLANT at (505) 676-2961 within two (2) weeks of receipt of this letter to arrange a date and time for the test(s).

If no contact is made, we will feel free to deviate from the schedule in the interest of convenience to us.

Lease Name	Station Number
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Howe Federal TG #1	060-35-131
Thornbush Federal #1	064-35-174