OMNACT RECEIVING OFFICE FOR NAME OFFIC		BLM Roswell District Modified Form No. NMO60-3160-4 5. LEASE DESIGNATION AND SERIAL NO. NM 59302	
SUNDRY NOTICES AND REPORTS O (Do not use this form for proposals to drill or to deepen or plug bac Use "APPLICATION FOR PERMIT—" for such proposals		6. IF INDIAN, ALLOTTE	OR TRIBE NAME
OIL XX GAS OTHER		7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION 3a. Area Code & Phone No. 505/748-1471		S. FARM OR LEASE NAME Lusk AHB Federal 9. WELL NO.	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		2	
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 		10. FIELD AND POOL, OR WILDCAT	
1930' FNL & 1650' FEL, Sec. 35-19S-32E		II. SEC., T., R., M., OR A	
14. FERMIT NO. 15. ELEVATIONS (Show whether DF. R 30-025-31042 3566 GR	T, GR, etc.)	Unit G, Sec. 12. COUNTY OF PARISH Lea	
16. Check Appropriate Box To Indicate Na	ture of Natice Report or O		1111
NOTICE OF INTENTION TO:	ENT EMPORT OF:		
PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPENSED OR COMPLETED OPERATIONS (Clearly state all pertinent of proposed work. If well is directionally drilled, give subsurface location nent to this work.)* 1-26-91. POH with packer. WIH. Washed sand 1-29-91. Well pumped 30 BO and 63 BW. 2-12-91. RUPU. POOH with pump and rods. P follfows: 5160, 61, 62, 69, 70, 71, 74 and 500 gals 15% NEFE acid, 1000 gals regular H 12 ball sealers. 2-15-91. Frac'd perfs 5160-75' w/7500 x-1in 2-26-91. Well produced 97 BO and 90 BW. Perforations open: 5160-5175'; 62 RBP @ 7900'.	ompletion or Recompleted and give pertinent dates, and measured and true vertical off RBP. POH. RIH Perforated 5160-5175' 5175'. Acidized per IF acid, 250 gals die ak gel and 20000# 20/	of multiple completion of the Report and Log for including estimated date depths for all markers with pump and w/842" ho forations 5160 sel and 1000 sel 40 sand.	on Well m.) on Starting any and sones perti- rods. les as -75' w/
	Ade		
18. I hereby certify that the foregoing is true and correct	uction Supervisor	DATE 2-28-	
	action Supervisor	_ DATE	71
(This space for Federal or State office use)		חויים	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANT:		DATE	

*See Instructions on Reverse Side