

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.
MD60-3160-4

RECEIVED

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 59392
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		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 1930' FNL & 1650' FEL		8. FARM OR LEASE NAME Lusk AHB Federal
14. PERMIT NO. 30-025-31042		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' GR		10. FIELD AND POOL, OR WILDCAT Undes. Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 35-T19S-R32E
		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) Perforate, treat Delaware X

(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.) *

Well completed in Bone Springs perforations 10227-10485'. Propose to GIH with RBP and packer. Set RBP approximately 7900' and test. Perforate Delaware 7313-7736' w/32 holes, and treat zone with 2000 gals acid. Swab dry and test. Circulate sand off RBP @ 7900', GIH and perforate 6244-6290' w/18 holes. Treat zone with 3000 gals 10% NEFE acid. Recover load and test zone. If zone does not warrant further stimulation, move RBP to 5200, set and test. Perforate 5160-5175' w/8 holes, treat zone with 1500 gals 10% NEFE acid.

If successful - will file for commingling Delaware and Bone Springs zone.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-25-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 1-29-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side