

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Add perforations & Treat well	5. Lease Designation and Serial No. NM 59392
2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit B, 330' FNL, 1980' FEL, Sec. 35-T19S-R32E, NMPM	8. Well Name and No. Lusk AHB Federal #5
	9. API Well No. 30-025-31151
	10. Field and Pool, or Exploratory Area East Lusk Delaware
	11. County or Parish, State Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Add perms, treat Existing zone</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Propose to add perforations in Delaware as follows:

4705-4736' (18 shots); 4880-4886' (10 shots).

Plan to treat and frac each zone as follows:

4880-86' with 500 gals 7½% NEFE acid. Frac w/2000g. linear prepad, 6600 gals XL gel + 15000# 20/40 sand.

4705-36' with 1000 gals 7½% NEFE acid. Frac w/3000g. linear prepad, 13300 gals XL gel + 27300# 16/30 sand.

Flow back and return well to production.

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

Signed [Signature]

Title Production Supervisor

Date 2-20-92

(This space for Federal or State office use)

Approved by [Signature]

Title _____

Date 3-6-92

Conditions of approval, if any:

RECEIVED
MAR 12 1992
OCD HOBBS OFFICE