

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NAME
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		2. NAME OF OPERATOR YATES PETROLEUM CORPORATION	3a. Area Code & Phone No. 505/748-1471	5. LEASE DESIGNATION AND SERIAL NO. NM 63016
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		8. FARM OR LEASE NAME Belco AIA Federal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL, Sec. 14-20S-32E		9. WELL NO. 1		7. UNIT AGREEMENT NAME N/A
14. PERMIT NO. 30-025-26826		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3539' GR		10. FIELD AND POOL, OR WILDCAT Undesignated
		12. COUNTY OR PARISH Lea		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 14-T20S-R32E
		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) Perforate, Treat Bone Springs <input checked="" type="checkbox"/>	
(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.) *

3-2-91. Perforated 9602-9762' w/21 - .30" holes as follows: 9602, 10, 16, 28, 63, 67, 68, 72, 74, 79, 86, 93, 96, 9710, 32, 36, 39, 43, 51, 54 and 9762'. Tested RBP at 9900' to 2000#. Set packer at 9500'. Acidized perforations 9602-9762' w/4200 gals of 15% NEFE HCL acid.

3-3-91. Swabbed dry to seating nipple. Swabbed 44 bbls (42 BW and 2 BO).

3-4-91. Swabbed dry. Made 1 to 2 hour runs. Recovered 3-1/4 BW and 3/4 BO.

ACCEPTED FOR RECORD

MAR 11 1991

CARLSBAD NEW MEXICO

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

SIGNED Guarita Sackler TITLE Production Supervisor DATE 3-5-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side