Form 3160-5
(June 1990)

UN...ED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

NM 86148

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well
[XX] Oil Well   [ ] Gas Well   [ ] Other   WORKOVER

2. Name of Operator
YATES PETROLEUM CORPORATION   (505) 748-1471

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit J, 1980' FSL & 1980' FEL, Sec. 17-T22S-R32E

8. Well Name and No.

Cleary AKC Federal #1

9. API Well No.
30-025-24823

10. Field and Pool, or Exploratory Area
E. Livingston Ridge

11. County or Parish, State   Delaware

Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[ ] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Add perforations existing zone	[ ] 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.)*

Well producing from Delaware perforations at 7177-7205', 7310-7318' and 8557-8598'. Propose to add Delaware perforations as follows: 6805-6822' (9 holes), 8371-8395' (8 holes). Zones will be treated separately w/750 g. 7½% NEFE acid, (each zone). Swab/test. Will frac well as necessary to obtain production.

FEB 2 10 45 AM '93

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

Signed _____   Title Production Supervisor   Date 2-1-93

(This space for Federal or State office use)
Approved by (ORIG. SGD.) DAVID R. GLASS   Title _____   Date 2-16 93
Conditions of approval, if any:

*See Instruction on Reverse Side