

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> RECOMPLETION		5. LEASE DESIGNATION AND SERIAL NO. NM 10472	
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 Pronghorn Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL, Sec. 6-23S-33E		8. FARM OR LEASE NAME Pronghorn Unit	
14. PERMIT NO. 30-025-26496		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3715.5' GR		10. FIELD AND POOL, OR WILDCAT Undes. Bone Springs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-23-33	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Perforate, Treat	<input type="checkbox"/>		<input checked="" 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.) *

1-30-91. MIRU.

2-9-91. Perforated 10575-10653' w/10 .50" holes as follows: 10575, 583, 590, 597, 607, 618, 626, 632, 643 and 10653' (1 SPF). Acidized perfs 10575-10653' w/1500 gals 15% acid.

2-10-91. Swabbed to seating nipple. Slight show of gas.

2-13-91. Perforated 9921-10050' w/30 .50" holes as follows: 9921, 24, 26, 28, 30, 32, 34, 36, 38, and 9939 (1 SPF-11 holes); 10003, 004, 006, 008, 010, 012, 014, 016, 018, 020, 022, 024, 032, 033, 036, 041, 042, 045 and 10050' (1 SPF-19 holes).

Moved packer above all perforations and set. Acidized w/4500 gals 15% NEFE acid + 50 ball sealers.

2-14-91. Swabbed well with show of gas. Rigged down.

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

SIGNED Juanita D. Wallis

TITLE Production Supervisor

DATE 2-18-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side