

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NAME  
OF COPIES REQUIRED  
(Other instructions  
verse side)

Modified Form No.  
NM60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.  
NM 20073

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Pronghorn AAP Federal
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FWL, SW/SW, Sec. 8-23S-33E		10. FIELD AND POOL, OR WILDCAT Cruz Delaware
14. PERMIT NO. 30-025-26496		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit M, Sec. 8-T23S-R33E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3719' GR		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:

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Well returned to production <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.)\*

Last production from above well was 10/86. Well has been suspended from production due to economic conditions. The well has been returned to production 11/2/90, producing approximately 5 BOPD, 150 BWPD and gas TSTM.

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

SIGNED Paul Kautz

TITLE Production Supervisor

DATE 2-12-91

(This space for Federal or State office use)

APPROVED BY Paul Kautz  
CONDITIONS OF APPROVAL:

TITLE \_\_\_\_\_

DATE

FEB 14 1991

\*See Instructions on Reverse Side