

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.  
NM-77077

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Jackal ANJ Federal #2

9. API Well No.  
30-025-32233

10. Field and Pool, or Exploratory Area  
Wildcat

11. County or Parish, State  
Lea Co., NM

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  
☒ Oil Well ☐ Gas Well ☐ Other

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)  
2310' FNL & 330' FWL of Section 4-T23S-R33E

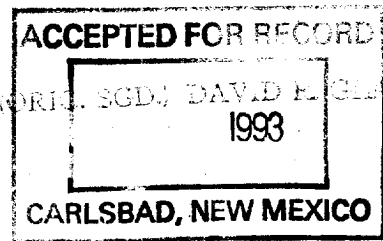
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION   |  |
|---|--|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                             | <input type="checkbox"/> Change of Plans         |
| <input checked="" 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>Drill Stem Test</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.)\*

Results of DST #1 5166-5191' (Delaware): Times: TO 15"; SI 60"; TO 60"; SI 120"; TO 60". Recovery: 200' gas cut oil and emulsion and 1696' of water. Sampler: 1.25 cfg, 200 cc oil and 1920 cc water. BHT: 106 degrees F. Pressures: IHP 2807; IFP 76-86; ISIP 1627; 2nd FP 200-629; 2nd SIP 1494; FFP 695-914; FHP 2817.



RECEIVED  
NOV 2 12 48 PM '93  
CARLSBAD AREA OFFICE

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

Signed Rusty Klein Title Production Clerk Date Sept. 22, 1993

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.