

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(6026 Inducible)  
verse side)  
Drawer 1D  
Alvarado, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A	30-005-00035
2. NAME OF OPERATOR	Yates Petroleum Corporation
3. ADDRESS OF OPERATOR	105 South 4th St., Artesia, NM 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	660 FNL & 1980 FWL, Sec. 13-T10S-R25E
14. PERMIT NO.	API 30-005-70102
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	3721' GR
5. LEASE DESIGNATION AND SERIAL NO.	NM 13979
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	DeKalb PG Federal
9. WELL NO.	1
10. FIELD AND POOL, OR WILDCAT	Bitter Lakes SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Unit N, Sec. 13-T10S-R25E
12. COUNTY OR PARISH	Chaves
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) Location cleaned up <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.)\*

Well P&A 3-4-87.

Clean up work and restoration has been done per BLM requirements.

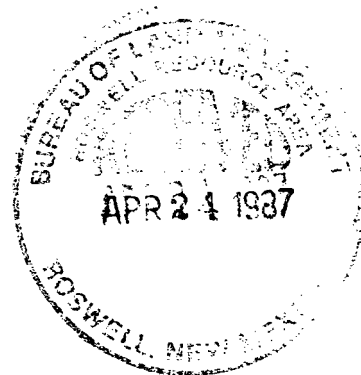
The location is ready for final inspection.

NM OIL CONSERVATION

ARTESIA DISTRICT

DEC 02 2016

RECEIVED



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

SIGNED *Francis D. Doolittle*

TITLE Production Supervisor

DATE 4-23-87

(This space for Federal or State office use)

APPROVED BY *Robert Hoskinson*

TITLE Acting AFM

DATE 11/23/16

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side