

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
SUBMIT IN THE
DATE (Other) Instruct. on re-
verse side)
Artesia, NM 88210

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

5. LEASE DESIGNATION AND SERIAL NO.
Com #NM-061P35-86C326 (nm 40028)

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 GAS WELL OTHER

2. NAME OF OPERATOR **Yates Petroleum Corporation** NOV 16 '88

3. ADDRESS OF OPERATOR **105 South 4th St., Artesia, NM 88210** O. C. D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL & 660' FWL

5. LEASE DESIGNATION AND SERIAL NO. (nm 40028)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sandbur ADC State Com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
Unit M, Sec. 23-T5S-R25E

12. COUNTY OR PARISH **Chaves** 13. STATE **NM**

14. PERMIT NO. **API #30-005-62299** 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3669.8' GR

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

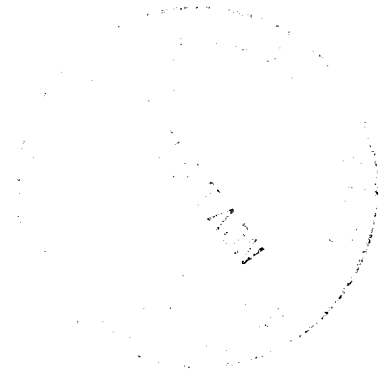
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Well connected to pipeline</u> <input checked="" type="checkbox"/>	
(Other)		(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.)*

CONNECTED TO PIPELINE FOR 1ST PRODUCTION & SALES - 11-9-88.

WELL IS COMMUNITIZED. No. NM-061P35-86C326 (Fed. Lse. No. NM-40028)

TRANSPORTER - TRANSWESTERN PIPELINE CO.
PURCHASER - TRANSWESTERN PIPELINE CO.



18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Production Supervisor DATE 11-11-88

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE NOV 14 1988
BY PETER W. CHESTER
BUREAU OF LAND MANAGEMENT
DEPARTMENT OF THE INTERIOR

*See Instructions on Reverse Side