

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 36500

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(If 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

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

810' FNL & 2180' FWL, Sec. 14-T19S-R25E

FEB 1 '89

14. PERMIT NO.

API #30-015-23315

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3430' GR

O.C.D.
ARTESIA, OFFICE

8. FARM OR LEASE NAME

Cotton MX Federal Com

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

N. Dagger Draw Upper Penn

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Unit C -
Sec. 14-T19S-R25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

1-12-89. Acidized perforations 7688-7693' w/6000 gals 15% NEFE acid and 6 ball
sealers, 125# block, 1 drum scale and 1 drum corrosion inhibitor.

Electricity connected 1-14-89.

Casinghead gas connected for sales 1-14-89.

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

SIGNED

TITLE Production Supervisor

DATE 1-18-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 31 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO