

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0553789

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Foxie Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Burton Flat Morrow

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA

Section 18-T20S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

RECEIVED BY
MAY 11 1987
88210 O. C. D.

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

3. ADDRESS OF OPERATOR
105 South Fourth Street - Artesia, NM 88210 O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FNL & 2086' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3293.8' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF PULL OR ALTER CASING
FRACTURE TREAT MULTIPLE COMPLETE
SHOOT OR ACIDIZE ABANDON*
REPAIR WELL CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF REPAIRING WELL
FRACTURE TREATMENT ALTERING CASING
SHOOTING OR ACIDIZING ABANDONMENT*

(Other) Change of Operator

(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.)*

Yates Petroleum Corporation assumed operations of this well on May 1, 1987.

Former Operator was:

Penroc Oil Corporation
P. O. Drawer 831
Midland, TX 79702

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

SIGNED Linda S. C. Ryndell TITLE Regulatory Secretary DATE May 6, 1987

(This space for Federal or State office use)
Acting Area Manager

APPROVED BY _____ TITLE _____ DATE 5-7-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side