

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
Other Instructions
verse 8 (e)
83-0

Budget Bureau No. 1004-0135

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM-0256521

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Drilling Co.

3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any lease requirements.
See also space 17 below.)
At surface
1650' FNL and 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Elevations of well top, etc., or other)

4222'

7. UNIT AGREEMENT NAME

8. NAME OF LEASE NAME
Burkitt Federal

9. WELL NO.
2

10. FIELD AND POOL, OR VICINITY
Undes. Queen

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 34-T12S-R31E

12. COUNTY OR SERIAL TO STATE
Chaves NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WELL SHUT-OFF RILL OR ALTER CASING

FRACTURE TREATMENT MULTIPLE COMPLETION

SHOOTING OR ACIDIZING ABANDONMENT

REPAIR WELL CHANGE PLANS

(Other)

WATER SHUT-OFF REMAINING WELL

FRACTURE TREATMENT ALTERING CASING

SHOOTING OR ACIDIZING ABANDONMENT

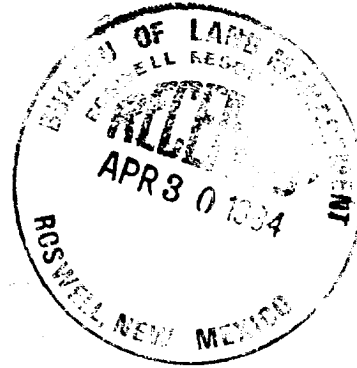
(Other)

Note: Report results of multiple completion on W, Completion or R completion report and log form.

16. DESCRIBE PURPOSE OF NOTICE OR OTHER OPERATIONS. (Specify state all pertinent details and give pertinent data, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface location and measured and true vertical depths for all markers and state pertinent to this work.)

Change long string from: 4 1/2" 9.5#
to: 5 1/2" 14#

Change surface casing depth from: 450'
to: 350'



I hereby certify that the foregoing is true and correct:

SIGNED Alice Hillman TITLE Regulatory Secretary DATE 4/27/84

(This space for Federal or State office use)

APPROVED

APPROVED BY (Signature) PETER W. CHESTNUT TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 3 1984

*See Instructions on Reverse Side

RECEIVED BY
MAY 4 1984
O. C. D.
ARTESIA, OFFICE

RECEIVED
MAY 7 1984
O. C. D.
HOBBS OFFICE