

N. M. O. C. C. COPY.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

copy to
Form Approved
Budget Bureau No. 41

5. LEASE DESIGNATION AND SERIAL

LC-065598

6. IF INDIAN, ALLOTTEE OR TRIBE?

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.)

RECEIVED

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>S. P. Yates</u></p> <p>3. ADDRESS OF OPERATOR <u>207 So. 4th St., Artesia, NM 88210</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660 FNL & 660 FEL, Section 5-17S-29E</u></p> <p>14. PERMIT NO.</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Evans</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Square Lake</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Unit E, Sec. 5-17S-29E</u></p> <p>12. COUNTY OR PARISH: <u>Eddy</u> 13. STATE: <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3714 DF</u></p>	

16. 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <u>Return to production</u> <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.)*

Propose to run tubing, rods & pump and return well to production.

RECEIVED

JUL 28 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *Rayton Peters* TITLE Engineer DATE 7/27/76

(This space for Federal or State office use)

APPROVED BY *Joe J. Lars* TITLE ACTING DISTRICT ENGINEER DATE JUL 28 1976

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side