

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

YATES PETROLEUM CORPORATION

(505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1600' FNL & 660' FEL of Section 18-T22S-R24E (Unit H, SENE)  
1650

5. Lease Designation and Serial No.

NM-78215

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hickory ALV Federal #5

9. API Well No.

30-015-28060

10. Field and Pool, or Exploratory Area

Indian Basin Upper Penn,

11. County or Parish, State Assoc.

Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Spud & conductor

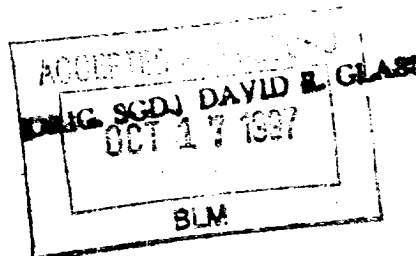
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Spudded a 26" hole with rat hole machine at 11:00 AM 10-11-97. Set 40' of 20" conductor pipe. Cemented to surface. NOTE: Notified BLM-Carlsbad prior to spud.

TD 40'. Waiting on rotary tools.



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

Signed

*[Signature]*

Title Operations Technician

Date Oct. 15, 1997

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

RECEIVED

1997 OCT 16 A 5:08

BUREAU OF LAND MANAGEMENT  
ROSWEILL OFFICE