

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

State, NM 88210

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 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.)
At surface
660' FSL & 1980' FEL, Sec. 8-T24S-R24E

14. PERMIT NO.
API #30-015-22978

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4412' GR - 4425' KB

RECEIVED BY
FEB 11 1987
O. C. D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 490

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lechuguilla Canyon AJ Fed.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Crooked Creek Morrow

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
Unit 0, Sec. 8-T24S-R24E

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:		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) CHANGE WELL NAME <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

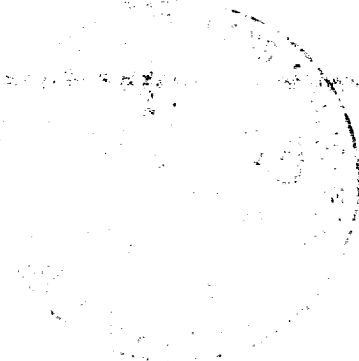
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Per telephone conversation with Tom Hare, BLM, Carlsbad, NM, this well is no longer a unit well.

WELL NAME CHANGED FROM: Lechuguilla Canyon Unit #4
TO: Lechuguilla Canyon "AJ" Federal #1

Form 3160-6 will reflect change for reporting month of operations beginning January, 1987.



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

SIGNED Charles S. Dunham TITLE Production Supervisor DATE 2-6-87

(This space for Federal or State office use)
Orig. Sgd: Charles S. Dunham

APPROVED BY Area Mgr TITLE _____ DATE 2-9-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side