

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1080  
HOBBS, NEW MEXICO

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-03283

6. 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 Company

3. ADDRESS OF OPERATOR  
105 South 4th Street, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660' FSL & 1924.6' FWL

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DE, RT, GR, etc.)  
4048.9'

7. UNIT AGREEMENT NAME  
-

8. FARM OR LEASE NAME  
Lillie M. Yates Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Allison Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 31-8S-37E

12. COUNTY OR PARISH 13. STATE  
Roosevelt N.M.

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(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.)\*

We propose to:

1. Pull rods and tubing
2. Replace, if necessary
3. Repair pumping unit
4. Return to production

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

SIGNED Joy Reed TITLE Engineer DATE 6-7-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**APPROVED**  
PETER W. CHESTER  
  
JUN 12 1989  
  
BUREAU OF LAND MANAGEMENT  
ROOSEVELT RESOURCE AREA