

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NEW OIL CONG. COMMISSION  
Prior to  
Artesia, 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  
John A. Yates, Jr. - Oil Operator ✓

3. ADDRESS OF OPERATOR  
301 American Home Security Bldg., Artesia, NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
AT SURFACE  
990 FNL & 990 FEL  
AT TOP PROD. INTERVAL 948'  
AT TOTAL DEPTH 1006'

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, ST, GR, etc.)  
3536.1' GR

Form approved  
12-191421  
RECEIVED BY  
NOV 20 1984  
O. C. D.  
ARTESIA, OFFICE

8. FARM OR LEASE NAME  
Comanche PQ Fed.

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
Bitter Lakes SA, South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit A Sec. 27, T10-S, R25-E

12. COUNTY OR PARISH 13. STATE  
Chaves NM

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

NOTICE OF INTENTION TO:

|                     |                                     |                      |                          |
|---------------------|-------------------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/>            | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/>            | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input checked="" type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/>            | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/>            |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/> |                 | <input 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.) \*

Re-complete the Comanche PQ Fed. #1 by perforating from 985' to 994' -- all one shot per foot -- with tubing and packer set between 966' and 985'. This lower zone will be treated with 15% HCL and production will be combined with upper zone.

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

SIGNED John A. Yates Jr.

TITLE owner-operator

DATE Nov. 13, 1984

(This space for Federal Approval Only)

APPROVED (Ois, Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 19 1984

\*See Instructions on Reverse Side