

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210
DRAWER DD

SUBMIT IN TRIPlicate
(Other Instructions
in the back of the book)

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

dsf

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR John A. Yates, Jr. ✓	8. FARM OR LEASE NAME Comanche PQ Federal
3. ADDRESS OF OPERATION 105 South 4th St., Artesia, NM 88210	9. WELL NO. 1
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, Sec. 27-T10S-R25E	10. FIELD AND POOL, OR WILDCAT Unders. San Andres
14. PERMIT NO. API #30-005-60913	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 27-T10S-R25E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3536.1' GR	12. COUNTY OR PARISH Chaves
	13. STATE NM

RECEIVED BY
NOV 13 1986
O. C. D.
ARTESIA, OFFICE

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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

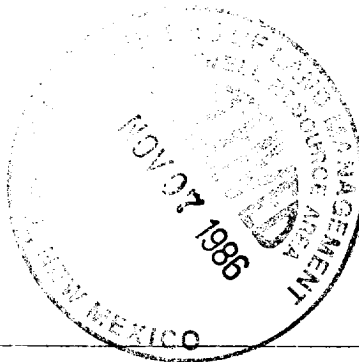
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

10-28-86. Plugged well as follows:

Plug #1: 1050-606' 50 sacks Class "C" w/2% CaCl2
Plug #2: 50'-surface 10 sacks Class "C" Neat

Clean location. Installed dry hole marker.

Verbal permission obtained from Peter Chester, BLM, Roswell 10-23-86 to plug well.



Post ID 2
11-21-86
P&A

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

SIGNED Peter Chester

TITLE Production Supervisor

DATE 11-5-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore,
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

NOV 12 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA