

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Conservation Section
Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

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 ☒ Temporarily Abandon Well

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 any State requirements.
See also space 17 below.)
At surface 660' FNL & 1980' FEL

RECEIVED
MAY 10 '88
C. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. NM 22614

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Mike Harvey TR Federal

9. WELL NO. 2

10. FIELD AND POOL OR WILDCAT Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit B, Sec. 3-T5S-R24E

12. COUNTY OR PARISH Chaves

13. STATE NM

14. PERMIT NO. API #30-005-61776

15. ELEVATIONS (Show whether DE, RT, GR, etc.) 3984.6' GR

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) TA Well	<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.)

Removed flow lines and production unit to temporarily abandon well.

RECEIVED
APR 29 8 34 AM '88
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

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

SIGNED [Signature] TITLE Production Supervisor DATE 4-27-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING MAY 9 1989
See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER
MAY 9 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA