

NM Oil Cons. Commission
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

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

MAR 15 '88

O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.
API #30-005-61809

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3607.2' GR 3502.7

5. LEASE DESIGNATION AND SERIAL NO.

NM 44515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Leede UG Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit E, Sec. 11-T8S-R25E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Gas connected for sales

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

REPAIRING WELL

ALTERING CASING

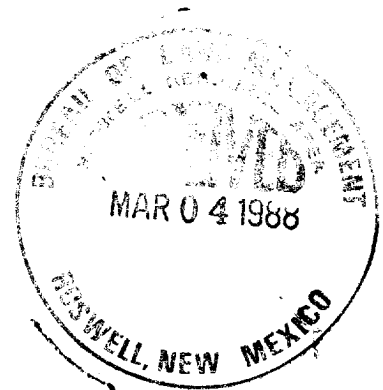
ABANDONMENT*

X

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.) *

Well connected to pipeline for 1st sales March 2, 1988.

Transwestern Pipeline - Transporter-Purchaser.



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

SIGNED Anta D. Osborn

TITLE Production Supervisor

DATE 3-2-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

