

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE LOCATION:  
NM Oil Conservation Commission  
versus (date)  
Drawer DD

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

C/SF

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO NM 28305
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 660' FNL & 1980' FWL, Sec. 24-T7S-R25E	8. FARM OR LEASE NAME Binnion TT Federal
14. PERMIT NO. API #30-005-61829	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3679' GR	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
O. C. D. ARTESIA, OFFICE	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 24-T7S-R25E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

MAY 22 '89

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"/>
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"/>	

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) Central Delivery Point Wells	XX

(Note: Report results of multiple completion on Well Completion or Recombination 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.) \*

Due to economic conditions with gas purchaser, Yates Petroleum Corporation has been required to lay gathering lines and set allocation meters at each well that produces into a common line. We request approval to commingle the following wells:

- Binnion TT Federal #1, located SW/NE, Sec. 24-T7S-R25E
- Binnion TT Federal #2, located NE/SW, Sec. 24-T7S-R25E
- Binnion TT Federal #5, located NE/NW, Sec. 24-T7S-R25E
- Binnion TT Federal #6, located NE/SE, Sec. 24-T7S-R25E

The gas is measured prior to measurement for sales for marketing gas to the pipeline company. The sales point is located at the Binnion TT Federal #1 well location.

Yates Petroleum Corporation conducts quarterly calibration tests on all meters. Test results will be furnished to the Bureau of Land Management upon request.

Transwestern Pipeline Company conducts quarterly tests on TW's meters and semi-annual gas analysis tests.

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

SIGNED Peter W. Chester  
(This space for Federal or State office use)

TITLE Production Supervisor

DATE 5-11-89

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED  
PETER W. CHESTER  
DATE

MAY 19 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side