

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on  
Reverse Side)

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		5. LEASE DESIGNATION AND SERIAL NO. Federal NM 18031	
2. NAME OF OPERATOR Yates Petroleum Corp. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, NM 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980S + 1980W Sec. 19-8S-26E		8. FARM OR LEASE NAME Huckaby "TJ" Federal	
14. PERMIT NO. API #30-005-61952		9. WELL NO. #5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3652' GR		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-8S-26E	
		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:		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)	<input type="checkbox"/>
(Other) Off Lease Measurement	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	
CHANGE PLANS	<input type="checkbox"/>		

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.) \*

This request seeks approval for off-lease measurement of natural gas from the subject well. Transwestern Pipeline Company agreed to transport gas from this well if Yates would build a gathering line to deliver the gas to existing Transwestern pipeline facilities. The gas sales meter will be read and maintained by Transwestern, but the meter is located nearby off-lease (see attached map). Yates will maintain the gathering flow lines in a safe condition and will pay royalty due on gas lost to leaks or failures based on the preceeding 30-day average rate. Yates will obtain all necessary rights-of-way before installing flow lines. All separation and liquid storage and sales facilities will be located on the originating lease. Yates believes that off-lease measurement is necessary for this well as the only practical way to bring this gas to market with attendant economic benefit to working interest owners, royalty owners and the public through production taxes.

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

SIGNED Dave Bonleau

TITLE Engineering Manager

DATE January 7, 1988

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED  
DATE  
PETER W. CHESTER

JAN 19 1988

BUREAU OF LAND MANAGEMENT  
DESIGNER RESOURCE AREA

\*See Instructions on Reverse Side

HUCKABY "TJ" FEDERAL #5

OFF-LEASE MEASUREMENT

26 E

8  
S

