

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

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

clsf

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 18209
2. NAME OF OPERATOR Yates Petroleum Corporation ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., 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 330' FNL & 380' FEL, Sec. 33-T7S-R23E	8. FARM OR LEASE NAME Mildred XD Federal
14. PERMIT NO. API #30-005-61984	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3835.1' GR O. C. D. ARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 33-T7S-R23E
	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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Commingling produced gas	(Other) <input checked="" 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.) *

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 Yates' Mildred XD Federal #1 well with Yates' Bajillo Draw WQ State #2 and Bajillo Draw WQ State #3 wells, located in Section 28-T7S-R23E, prior to our measurement for sales for marketing our gas. The sales point is located NW/NW, Section 28-T7S-R23E.

Yates Petroleum Corporation conducts quarterly calibration tests on meters. Yates Petroleum will furnish the BLM with dates if requested.

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 [Signature] TITLE Production Supervisor DATE 2-3-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

