

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
On the instruction side
verse side
Drawer 55

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

qsf

RECEIVED BY

FEB 11 1985

SUNDRY NOTICES AND REPORTS ON WELLS

Use "APPLICATION FOR PERMIT" for such proposals.

1. O. C. D.
OIL ☐ GAS ☒ OTHER ☐
WARTESIA ☒

2. NAME OF OPERATOR
Yates Petroleum Corporation ✓

3. ADDRESS OF OPERATOR
207 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 FSL & 1593 FEL, Sec. 21-T8S-R23E

14. PERMIT NO.

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

3982' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM 23516

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lewis ABN Federal

WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und Pecos Slope Abo

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

Unit J, Sec. 21-T8S-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:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Spud Well

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
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(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.) *

Spudded 26" hole 5:00 PM 1-30-85. Set 40' of 20" conductor pipe.

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

SIGNED Quante Doodett

TITLE Production Supervisor

DATE 1-31-85

(This space for Federal or State office use)

APPROVED BY _____

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

FEB 8 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

