

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
SUBMIT IN TRI-STATE
Drawn for instructio. on re-
verse side)
Artesia, NM 88210

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

ckf

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation ✓	8. FARM OR LEASE NAME Lewis ABN Federal
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT West Pecos Slope Abo
14. PERMIT NO. API #30-005-62248	11. SEC., T., E., M., OR BLEK. AND SURVEY OR AREA Unit J, Sec. 21-T8S-R23E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3982' GR	12. COUNTY OR PARISH Chaves
	13. STATE NM

RECEIVED

MAR 02 '89

O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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) Request approval to commingle	<input checked="" type="checkbox"/>		

(NOTE: Report results of gas 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' Lewis ABN Federal #1, well with Yates' Jaguar XO Federal #1, SW/SW, Section 9-T8S-R23E, prior to measurement for sales for marketing our gas. The sales point is located at Mesa Petroleum's Salt Federal #2 well, located NW/SE, Section 8-T8S-R23E.



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

SIGNED Juanita Sordillo TITLE Production Supervisor DATE 2-3-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

