

NM Oil Cons. Commission
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Permit in Triplicate
(Other instructions on reverse side)
88210

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

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"/>	RECEIVED BY MAY 07 1986 O. C. D. ARTESIA OFFICE
2. NAME OF OPERATOR <u>Yates Petroleum Corporation</u>	
3. ADDRESS OF OPERATOR <u>105 South Fourth Street - Artesia, NM 88210</u>	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL and 1980' FEL (Unit 0)</u>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3775' GR</u>

5. LEASE DESIGNATION AND SERIAL NO. <u>NM-27791</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>Zane ABS Federal</u>	
9. WELL NO. <u>1</u>	
10. FIELD AND POOL, OR WILDCAT <u>Pecos Slope Abo</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 15-T9S-R26E</u>	
12. COUNTY OR PARISH <u>Chaves</u>	13. STATE <u>NM</u>

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) <u>Extend application</u> <input checked="" type="checkbox"/>	

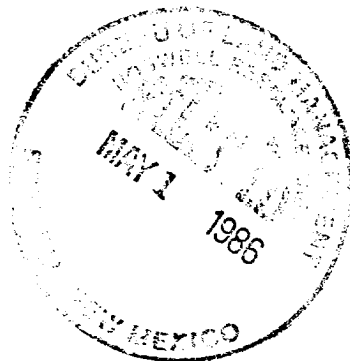
SUBSEQUENT REPORT OF:

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) <input 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.)*

We respectfully request a one-year extension on the Application for Permit to Drill.



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

SIGNED Peter W. Chester

TITLE Regulatory Secretary

DATE April 30, 1986

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
APPROVED FOR -- MONTH PERIOD
ENDING 6/30/86

*See Instructions on Reverse Side

DATE **APPROVED**
PETER W. CHESTER

MAY 6 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA