

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM 08210
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-013
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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Yates Petroleum Corporation	3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. See also space 17 below.) At surface 660' FSL & 1980' FEL	5. LEASE DESIGNATION AND SERIAL NO. NM-27791	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Zane ABS Federal	9. WELL NO. 1	10. FIELD AND POOL OR WILDCAT Pecos Slope Abo, South	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 15-T9S-R26E	12. COUNTY OR PARISH Chaves	13. STATE NM
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14. PERMIT NO. API #30-005-62257

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3775' GR

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"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Gas connected for sales	<input checked="" 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.) *

WELL CONNECTED TO PIPELINE FOR 1ST SALES 2-3-88.
Transwestern Pipeline Co. - Purchaser-Transporter.

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

SIGNED Pamela S. Dodder TITLE Production Supervisor DATE 2-4-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

