

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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 level.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME North Chaves Unit |
| 2. NAME OF OPERATOR Yates Petroleum Corporation | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR 105 South Fourth Street - 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' FNL & 1980' FWL | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26-T5S-R23E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4094.4' GR | 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 checked="" type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) ☐

(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 propose to change our plans and drill this well to a total depth of 5300' and test the Penn formation.

Verbal approval was obtained from Peter Chester to change our casing program as follows:

12-1/4" hole with 9-5/8" 40# J-55 casing set to approximately 1200' with 750 sacks of cement circulated.

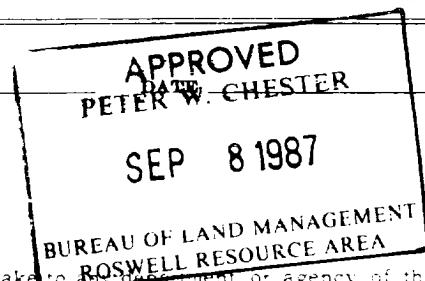
18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Regulatory Secretary DATE Sept. 3, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side