

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

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

CSF

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 ☐ GAS WELL ☒ OTHER ☐ MAR 22 '88

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 requirements.*
See also space 17 below.)
At surface
990' FSL & 660' FEL

14. PERMIT NO API #30-005-62575

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3790' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-28171

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Spear OA Federal

9. WELL NO. 4

10. FIELD AND POOL, OR WILDCAT South Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 9-T9S-R26E

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	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Gas connected for sales	X

(Other) Gas connected for sales

(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 3-10-88.

Transwestern Pipeline Co.-Purchaser & Transporter.

RECEIVED
MAR 14 7 58 AM '88
BUREAU OF LAND MANAGEMENT
ROSWEILL RESOURCE AREA

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

SIGNED Camela J. Rodden TITLE Production Supervisor DATE 3-11-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

MAR 15 1988