

DRAWER DD CONTACT REPLYING
OFFICE FOR ORDER
OF COPIES REQUIRED
(Other instructions on reverse side)

Artesia, NM 88210

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

BLM Roswell District
Modified Form No.
NMD60-3160-4

c/57

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER P&A Clean-UP		3a. Area Code & Phone No. 505/748-1471	5. LEASE DESIGNATION AND SERIAL NO. NM-36156
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Hudson AGD Federal	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 990' FWL, Sec. 18-8S-25E		10. FIELD AND POOL, OR WILDCAT Und. Pecos Slope Abo	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit D, Sec. 18-T8S-R25E
14. PERMIT NO. 30-005-62671	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3594.7' GR	12. COUNTY OR PARISH Chaves	13. STATE NM

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 type="checkbox"/>	(Other) <u>Final Abandonment</u>	<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.)*

9-12-89. Surface Reclamation has been completed. The Hudson "AGD" Federal #1 location is ready for inspection for final abandonment.

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

SIGNED <u>John E. Crane</u>	TITLE <u>Production Supervisor</u>	DATE <u>10-12-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE <u>FEB 26 1991</u>	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

**BUREAU OF LAND MANAGEMENT
POSWELL RESOURCE AREA**

*See Instructions on Reverse Side