ルートす。こ ささ、COMMISSIOM WM OIL COMS. COMMISSION Drawer DD Artesia, NM 88210 Artesia, NM 80~10 Form 9-331 UNITED STATES Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TRIPLICATE\* (May 1963) DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC-56302-8 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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. 7. UNIT AGREEMENT NAME RECEIVED BY WELL X WELL OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME 7 1986 <u>Yates Petroleum Corpo</u>ration Kennedy 9. WELL NO. O. C. D. 207 S. 4th St., Artesia, NM 88210 LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.) At surface with any State requirements. 10. FIELD AND POOL, OR WILDCAT Square Lake G-SA 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FSL & 660' FWL Sec. 33-T16s-R3le 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE Eddy 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 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) Change of operator (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\* Change of operator from: Newmont Oil Company PO Box 1305 Artesia, NM 88210 to: Yates Petroleum Corporation 207 S. 4th St. Artesia, NM 88210 ACCEPTED FOR RECORD 2 1986 CAPISRAD, NEV. LEXICO 18. I hereby certify that the foregoing is true and correct Production Clark DATE.

DATE

TITLE

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY