

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42 R1421.

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		RECEIVED
2. NAME OF OPERATOR <u>Martin Yates, III</u>		
3. ADDRESS OF OPERATOR <u>Yates Bldg., 207 S. Fourth, Artesia, N M</u>		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>660 FNL & 660 FEL of Sec 34, Twp 17 S., R. 25 E.</u>		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3515' ground level</u>	

5. LEASE DESIGNATION AND SERIAL NO. <u>NM-0630</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <u>LDY</u>
9. WELL NO. <u>2</u>
10. FIELD AND ZONE, OR WILDCAT <u>Penate Zone - 34</u> <u>Wildcat</u>
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>34-17S-25E</u> <u>NMPM</u>
12. COUNTY OR PARISH <u>Eddy</u>
13. STATE <u>NM</u>

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 COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(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.)

Holding for tentative waterflood. Producing out of San Andres Formation (Slaughter).

RECEIVED
NOV 26 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Clerk</u>	DATE <u>11-19-74</u>
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(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY _____

NOV 27 1974
[Signature]
[Stamp]

OCT 1 - 1975
*See Instructions on Reverse Side