

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 27 1968

O. O. O.
ARTESIA, OFFICE

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation		8. Farm or Lease Name Eagle Creek "BL"
3. Address of Operator 207 So. 4th St. - Artesia, New Mexico 88210		9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>1650</u> FEET FROM THE <u>West</u> LINE AND <u>990</u> FEET FROM THE <u>South</u> LINE, SECTION <u>23</u> TOWNSHIP <u>17S</u> RANGE <u>25E</u> NMPM.		10. Field and Pool, or Wildcat Unders. Eagle Creek S. A.
15. Elevation (Show whether DF, RT, GR, etc.) 3500' GR		12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 12½" hole at 8:00 A.M. (5-23-68)

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Peter G. White TITLE Engineer DATE 5-24-68
APPROVED BY W. A. Gressett TITLE DEPUTY GAS INSPECTOR DATE _____
CONDITIONS OF APPROVAL, IF ANY: