

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N. M. O. C. C. CORP.
SUBMIT IN TRIP
(Other instruction
verse side)

Copy 10-31
Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA</p> <p>2. NAME OF OPERATOR Yates Petroleum Corporation</p> <p>3. ADDRESS OF OPERATOR 207 South 4th Street-Artesia, NM 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 2310' FWL of Sec. 27-17S-25E</p>		<p align="center" style="font-size: 1.5em; border: 1px solid black; padding: 5px;">RECEIVED</p> <p>5. LEASE DESIGNATION AND SERIAL NO. NM 0630</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Federal LDY</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Eagle Creek S.A.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-17S-25E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>	
<p>14. PERMIT NO.</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3431' GR</p>	

16. 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) TA Status <input checked="" 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.)*

This well was approved in September, 1974 for water disposal well - Adminstrative Order No. SWD-159 and will be converted to SWD as soon as tubing is available, possible 6 months or 1 year.

RECEIVED

NOV 11 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Eddie M. Martinez TITLE Engineer DATE 11-11-74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO REST AND PLUGGED BY

*See Instructions on Reverse Side

OCT 1 - 1975