

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

IN. M. O. C. C. COPY
SUBMIT IN TRI
(Other instructi
verse side)

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.)

RECEIVED
JUL 25 1974

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 South 4th Street - Artesia, New O. C. C.
ARTESIA OFFICE 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FWL & 990' FSL of Sec. 22-17S-25E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3539' GR

5. LEASE DESIGNATION AND SERIAL NO.
101 0110003-

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Podera, "1W"

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Eagle Creek S.A.

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA
Sec. 22-17S-25E
Unit: 1W

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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) <input type="checkbox"/>	To reinstate Application <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.)*

The Application for Permit to Drill was submitted on March 26, 1974 and expired July 3, 1974.
We have been unable to obtain a drilling rig for this well. We will please reinstate the Drilling Application and extend the drilling time.

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

SIGNED Donald W. Beck TITLE Geologist

DATE 7-23-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE _____

APPROVED
JUL 25 1974
L. BECK
DISTRICT ENGINEER

*See Instructions on Reverse Side
APPROVAL IS RESCINDED IF OPERATIONS ARE NOT COMMENCED WITHIN
OCT 25 1974
EXPIRES