NW OIL COMS. COMMISSION NM 88210 Artesia UNITED STATES Form 9-331 (May 1963) Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TRIPLICATE. DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC-056302 R SUNDRY NOTICES AND REPORTS ON WELLS 6. IF INDIAN, ALLOTTEE OR TRIBE NAME (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 BY 7. UNIT AGREEMENT NAME WELL X WELL OTHER 2. NAME OF OPERATOR 1986 8. FARM OR LEASE NAME Yates Petroleum Corporation Johnson 3. ADDRESS OF OPERATOR O. C. D. 9. WELL NO. 207 S. 4th St., Artesia, NM ARTESIA, OFFICE LOCATION OF WELL (Report location clearly and in accordan See also space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT Square Lake G-SA 1980' FSL & 2080' FEL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T16s-R3le 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 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 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 (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.)* 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 CAPICRAD, NEV TE XICO 18. I hereby cartify that the fe

SIGNED In State office use)	TITLE Production Clerk	DATE 3/1/84	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	