

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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 ☒ Temporarily Abandon Well

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980 FNL & 660 FEL

RECEIVED BY
MAY 11 1987
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

NM 0559535

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal FR

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Square Lake-Grbg-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit H, Sec. 28-T16S-R30E

14. PERMIT NO.

API 30-015-22069

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

3772' GR

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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

TA Well

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Propose to temporarily abandon well.

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

SIGNED Linda S. C. Rendell

TITLE Production Supervisor

DATE 4-3-87

(This space for Federal or State office use)

Orig. Sgd. Linda S. C. Rendell

APPROVED BY Acting Area Manager

TITLE

DATE 5 5 87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side