

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)
AR 33210

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

CSP

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 P&A

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 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
330 FNL & 990 FEL, Sec. 31-T17S-R25E

RECEIVED BY
DEC 22 1986
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 15664

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal EF

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Eagle Creek SA

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

Unit A, Sec. 31-T17S-R25E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3617' 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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRAC TURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRAC TURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.)*

Plugged and abandoned well as follows:

1-22-85. Rigged up unit. Lowered tubing to 1327'. Swabbed well down.

1-23-85. Checked fluid level with swab - no fluid. Pulled tubing, dumped 6 cubic yards "Grout", filling up 4-1/2" casing. Rigged down.

Set dry hole marker. Location will be cleaned. Notified Meredith Jones, BLM, Carlsbad, prior to plugging.

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

SIGNED Meredith Jones TITLE Production Supervisor DATE 1-24-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-16-86

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
1-2-87
P&A

*See Instructions on Reverse Side