

November 1983

COMMISSION UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135

Expires August 31, 1985

RECEIVED BY

FEB 6 1985 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.)

I. O. C. D.

OIL
ARTESIA, NEW MEXICO
OTHER

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

207 SOUTH FOURTH STREET, ARTESIA, NEW MEXICO 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1650' FSL & 2310' FEL

14. PERMIT NO.

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

4131.5' GL

5. LEASE DESIGNATION AND SERIAL NO.

NM-38475

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Heugehog "ABM" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Yes

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

Sec. 26-T16S-R31E

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

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.)*

Change TD of 5600' to 4650', San Andres test.

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

SIGNED

TITLE

Regulatory Secretary

DATE

1/29/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

2-5-85

*See Instructions on Reverse Side