

dsf

RECEIVED BY FEB 25 1985
ARTESIA, NM 87000
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS
Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.
NM-38475
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL GAS
 OTHER

7. UNIT AGREEMENT NAME

3. ADDRESS OF OPERATOR
YATES PETROLEUM CORPORATION

8. FARM OR LEASE NAME
Hedgehog "ABM" Federal

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

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undes. Square Lake Grayberg San Andres

1650' FSL & 2310' FEL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26-T16S-R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4131.5' GL

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 checked="" 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"/>	

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 surface casing from 13 3/8 and 500' depth to 10 3/4 and 475' depth. Per verbal by Bob Pitzchke during conversation with Al Springer, 2/4/85.

Eliminate 8 7/8" csg.

18. I hereby certify that the foregoing is true and correct
SIGNED Gloria A. Atkins TITLE Regulatory Secretary DATE 2/7/85

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE 2-25-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side