

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

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

C/SF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		ARTESIA, OFFICE		NM OIL CONS. COMMISSION		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		Yates Petroleum Corporation		Artesia, NM 88210		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR		207 South 4th St., Artesia, NM 88210				Hedgehog ABM Federal	
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, Sec. 26-T16S-R31E				9. WELL NO.	
						1	
						10. FIELD AND POOL, OR WILDCAT	
						Undes.	
						Square Lake Grayburg SA	
						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
						Unit J, Sec. 26-16S-31E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		4131.5' GR		12. COUNTY OR PARISH	
						Eddy	
						13. STATE	
						NM	

19. 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 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) Well Status <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.)*

3-28-85 - 5-14-85. Well pumping. Testing well.

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

SIGNED <u>Lu Anita Rodditt</u>	TITLE <u>Production Supervisor</u>	DATE <u>5-15-85</u>
(This space for Federal or State office use)		
APPROVED BY <u>ACCEPTED FOR RECORD</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

MAY 31 1985

*See Instructions on Reverse Side

CARLSBAD, N. MEXICO