Form 9-331 (May 1963)	NMOC C COPY UNI D STAT DEPARTMEN ₁ OF THE GEOLOGICAL SL		COCY, 420 5/- Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 0558263
(Do no	SUNDRY NOTICES AND REL of use this form for proposals to drill or to deep Use "APPLICATION FOR PERMIT-		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL	GAS WELL OTHER		7. UNIT AGREEMENT NAME
2. NAME OF O	V		8. FARM OR LEASE NAME
Yates 3. ADDRESS OF	Petroleum Corporation		Federal "AA"
207 S. 4th Street, Artesia, NM 88210			S. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			Penasco Draw (Yeso, SA)
660':	FSL & 660' FEL Section 2		11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA
		》这些"上的"的。 ———————————————————————————————————	Sec 27-18s-24e Unit P
14. PERMIT NO	. 15. ELEVATIONS (Sho 3712 (W whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE
<u></u>		ANTIBLE, BFFIGE	Eddy NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
	NOTICE OF INTENTION TO:	ENT REPORT OF:	
TEST WAT	ER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE	TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR	ACIDIZE ABANDON*	SHOOTING OR ACIDIZING X	ABANDONMENT*
REPAIR WI	ELL CHANGE PLANS	(Other) (Note: Report results	of multiple completion on Well
(Other)	ROPOSED OR COMPLETED OPERATIONS (Clearly state work. If well is directionally drilled, give sub	Completion or Recompl	etion Report and Log form.)
nent to t	llis work.)		
11/8/	77 The subject well was HCI acid through cas	treated w/3000 gallons ing perfs (2314-3011 fe	
11/9/	77 The well was returne	d to production.	
			RECEIVED
			NOV 9 1977
			U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
	^		
18. I hereby co	ertify that the foregoing is true and correct		
SIGNED	philmmigen 1	NTLE Production Supt	DATE11/9/77
(This spec	Afor Federat or State office/use)		
			DATE NOV 1 4 1977
APPROVE: CONDITIO		NITLE ACTING DISTRICT ENGINEER	DATE NUV 14 UT
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*See Instructions on Reverse Side

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