Form 9-331 (May 1963)	L .TED STA	E INTERIO	SUBMIT IN TR .CA (Other instruction. on R verse side)	TE* Form approved. Budget Bureau No. 42-R14 5. LEASE DESIGNATION AND SERIAL NO 023772-E
(Do not use this for	GEOLOGICAL S A NOTICES AND R m for proposals to drill or to de se "APPLICATION FOR PERMIT	EPORTS ON	N WELLS	6. IF INDIAN, ALLOTTEE OF TRIBE NAX
U 1.	se "APPLICATION FOR PERMIT	r for such prop	03 <b>8</b> 1 <b>5. )</b>	7. UNIT AGREEMENT NAME
OIL WELL AS WELL OTHER 2. NAME OF OPERATOR Yates Petroleum Corporation / 3. ADDRESS OF OPERATOR 207 So. 4th 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 Unit -0 - 660' FSL & 1980' FEL of Sec. 11-18S-28E				8. FARM OR LEASE NAME
				Dunn T
				9. WELL NO.
				2 10. FIELD AND POOL, OB WILDCAT A.TUCS 13
				E 11. SEC., T., R., M., OB BLK. AND SURVEY OF ABEA Sec. 11-185-281
4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OF PARISH 13. STATE
				TdCy N.M
16.	Check Appropriate Box T	o Indicate Na		or Other Data IBSEQUENT REPORT OF:
	ICE OF INTENTION TO:		WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OFF Fracture treat	PULL OR ALTER CASE MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	
REPAIR WELL	CHANGE PLANS		(Other)Convert	results of multiple completion on Well
(Other) 17. DESCRIBE PROPOSED OR CO proposed work. If w nent to this work.)*	OMPLETED OPERATIONS (Clearly st ell is directionally drilled, give	tate all pertinent subsurface locatio	details and give portinent	ecompletion Report and Log form.) dates, including estimated date of starting vertical depths for all markers and sones p
12-12-68 -	set at 2400'.	-		n Tension packer,
	Started inject	ing water	on January 1	, 1969.
			. •	
			The Local Co	
			FEB33	69 RECEIVEI
			an a	FED 0 8 1969
				CH. C. C. Actedia, Office
18. I hereby certify that the	ne foregoing is true and correct			
SIGNED	<u> </u>	TITLE	Prod. Supt.	DATE 2-27-59
(This space for Federa	l or State office use)	MY MIT TO		DATE
APPROVED PT CONDITIONS OF APP	BOVAL, IF ANY:	TITLE		
132B	t. *S	ee Instructions	on Reverse Side	
R. T. BEEKN	ан <b>ч</b>			