M OIL CONS. COMMISSION The mar DD UNITED STATES 12. NM 88210
SUBMIT IN TRIPLICATE*
Of the instructions on reverse side) Form 9-331 (May 1963) Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC-058581 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) RECEIVED BY 7. UNIT AGREEMENT NAME GAS WELL WELL XX OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME 7 1986 Yates Petroleum Corporation
3. ADDRESS OF OPERATOR Loco Hills G4S Ut Tr 11 9. WELL NO. O. C. D. 207 S. 4th St., Artesia, NM 88210
LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.)
At surface iny State Redissionents 10. FIELD AND POOL, OR WILDCAT Loco Hills O. G. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1650' FNL & 2310' FWL Sec. 11-T18s-R29e 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE Eddy 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 PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* REPAIR WELL CHANGE PLANS (Other) Change of operator (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 operator from: Newmont Oil Company PO Box 1305 Artesia, NM 88210 to: Yates Petroleum Corporation 207 S. 4th St. Artesia, NM 88210 ACCEPTED FOR RECORD

CARISBAD, NEW MEXICO

8. I hereby certify that the foregoing is true and correct SIGNED Lenn B. Aleghorn	TITLE Production Clerk	DATE 3/1/84
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE