

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		RECEIVED BY APR 7 1986 O.C.D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-060904
2. NAME OF OPERATOR Yates Petroleum Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 S. 4th St., Artesia, NM 88210			7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 2310' FWL			8. FARM OR LEASE NAME W. Loco Hills G4S Ut Tr 13
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. 6
			10. FIELD AND POOL, OR WILDCAT Loco Hills O. G. SA
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-T18s-R29e
			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 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) <u>Change of operator</u>	<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.)*

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

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APR 2 1986

CARISBAD, NEW MEXICO

RECEIVED
APR 8 1 04 PM '84
RUCED

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

SIGNED Jenni B. Glegghorn TITLE Production Clerk DATE 3/1/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: