De Stadio DD UNITED STATEStesia, NM 88210
SUBMIT IN TRIPLICATE*
DEPARTMENT OF THE INTERIOR verse side) 88210 Form 9-331 (May 1963) Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC = 0609046. 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 start proposals. RECEIVED SY 7. UNIT AGREEMENT NAME OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME Yates Petroleum Corporation
ADDRESS OF OPERATOR Tr Loco Hills G4S Ut 9. WELL NO. 207 S. 4th St., Artesia, NM 88210 ART LOCATION OF WELL (Report location clearly and in accordance with any State See also space 17 below.)
At surface ARTESIA, OFFICE 10. FIELD AND POOL, OR WILDCAT LOCO HILLS O. G. SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA 990' FNL & 990' FEL Sec. 12-T18s-R29e 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: 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.) * Newmont Oil Company Change of operator from: PO Box 1305 88210 Artesia, NM Yates Petroleum Corporation 207 S. 4th St. Artesia, NM 88210 ACCEPTED FOR RECORD CAPISBAD, NE ... **YICO** 18. I hereby certify that the foregoing is true and correct Production Clerk

DATE

TITLE

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY