

Artesia, NM 88210
Form 3160-5  
(November 1983)  
(Formerly 9-331)

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC  
(Other instructions o  
verse side)

RECEIVED BY  
FEB 28 1985

SUNDRY NOTICES AND REPORTS ON WELLS  
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 ☒ GAS ☐ OTHER ☐  
WELL NAME: Artesia Office  
2. Well P&A

3. ADDRESS OF OPERATOR  
Yates Petroleum Corporation ✓  
207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
2310 FNL & 660 FWL, Sec. 25-T18S-R25E

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3459' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 064488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Yates Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Penasco Draw SA-Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit E, Sec. 25-18S-25E

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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☒  
(Other)

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other)

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

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.)\*

Fresh water surfacing around dry hole marker at the plugged Yates Federal #1 well.

Propose to reenter this well and drill out plugs, put block squeezes below and above the Artesian zone and replug well.

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

SIGNATURE: *[Signature]* TITLE: Production Supervisor DATE: 2-21-85

(This space for Federal or State office use)

APPROVED BY: *[Signature]* TITLE: *[Signature]* DATE: 2-27-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side