

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

023772-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 11-18S-28E 1/4 MPM

12. COUNTY OR PARISH

Edgar

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
Yates Petroleum Corporation

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
207 So. 4th Street - Artesia, New Mexico 88210
At surface

Unit M - 990' FSL & 990' FWL of Sec. 11-18S-28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3600' GR

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 ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☒ Convert to Wtr. Inj. Well

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.) *

It is our intention to convert this well to a Water Injection well as follows:

Pull rods and tubing, run Guiberson Tension packer and set at approximately 2400'.

This report is being submitted - Pursuant to conversation between Paul White, engineer, for Yates Petroleum Corporation and Jim Knauf.

RECEIVED

FEB 27 1963

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

SIGNED [Signature]

TITLE Prod. Supt.

DATE 2-27-63

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

R. L. BEEKMA

*See Instructions on Reverse Side