

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☐ GAS WELL ☒ OTHER <u>Injection</u>	FEB 22 '88	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-028772-B</u>
2. NAME OF OPERATOR <u>Yates Petroleum Corporation</u>	C. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NM-54184</u>
3. ADDRESS OF OPERATOR <u>105 South 4th Street, Artesia, New Mexico 88210</u>	ARTESIA OFFICE	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 <u>990 FSL & 990 FWL</u>		8. FARM OR LEASE NAME <u>Dunn</u>
11. PERMIT NO.	15. ELEVATIONS (Specify whether DF, RT, GW, etc.) <u>3611</u> <u>3000</u> GR	9. WELL NO. <u>3</u>
		10. FIELD AND POOL, OR WILDCAT <u>Artesia Queen Grbg. SA</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 11-18S-28E</u>
		12. COUNTY OR PARISH <u>Eddy</u>
		13. STATE <u>N.M.</u>

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) <u>exchanged packer</u> ☒	
(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.) *

2-10-88 Rigged up and started well flowing back.

2-11-88 Pulled old tubing and packer. Ran new tubing and packer in well. New packer setting is 2453.09'. Circulated packer fluid. Tested casing to 300#. Witnessed by John Robinson, NMOCD.

RECEIVED
FEB 15 8 45 AM '88

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

SIGNED John K. Rhoads TITLE Engineer DATE 2-12-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side