

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on re-
verse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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.)

RECEIVED

IC-028772-b
0. IF INDIAN, ALLOTTEE OR TRIBE NAME
NM-54184

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

APR - 3 1992

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

105 South 4th Street, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

990' FSL & 990' FWL

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dunn Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Art-On-Crbg-SA

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

Sec. 11-18S-28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Change Operator

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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: Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

TO: Yates Drilling Company
105 South 4th Street
Artesia, NM 88210

EFFECTIVE: April 1, 1992

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

SIGNED Karen J. Luskman

TITLE Production Clerk

DATE 4-1-92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side