

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-9891

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Merrin Yates, III	8. Farm or Lease Name Atoka-State
3. Address of Operator 323 Carper Building, Artesia, New Mexico.	9. Well No. 1
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 10 S. RANGE 26 E. NMPM.	10. Field and Pool, or Wildcat Atoka-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3361 Ground Level	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Have completed testing the Yeso in open hole from 2791' to 2855'. Plan to plug back by setting a Baker cast iron drillable bridge plug at 1660'. Will perforate the "C" Section of San Andres Slaughter zone from 1576' to 1586' with Lane Wells NCF-2 jets (.48' dia.), with 2 jets per foot, followed by a sand-oil fracture treatment.

RECEIVED

JAN 12 1966

J. E. [unclear]

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED M. L. Armstrong TITLE Bookkeeper DATE 1-12-66

APPROVED BY M. L. Armstrong TITLE Oil and Gas Inspector DATE JAN 12 1966

CONDITIONS OF APPROVAL, IF ANY: