

N. M. O. C. G. Com
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

Copy to SF
Form approved,
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC 028990 (b)

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.)

1. <div style="display: flex; justify-content: space-between;"> <div>OIL WELL <input checked="" type="checkbox"/></div> <div>GAS WELL <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 207 So. 4th Street - Artesia, New Mexico 88210		8. FARM OR LEASE NAME Creek AL	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE SW NW 990' FWL and 1650' FNL Sec. 25-18S-³⁰25E		9. WELL NO. 9	
		10. FIELD AND POOL, OR WILDCAT Shugart	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-18S-30E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3486' GR	12. COUNTY OR PARISH	13. STATE N.Mex
		Eddy	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Extension to spud well</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Due to not having the drilling rig ready for the drilling of this well, we would like to have an extension of time to spud this well.

RECEIVED

JUN 4 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED
JUN-2 1970

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

SIGNED <u>Richard C. Norman</u>	TITLE Geologist	DATE 3-2-70
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(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

H. L. BEEKMA

THIS APPROVAL
IS NOT VALID
EXPIRES

**SEEN IF OPERATIONS
IN 12 MONTHS.**
SEP 2 1970

*See Instructions on Reverse Side