

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN.M.O.C.D. COPY
SUBMIT IN TR
(Other instruct
verse side)CATE*
on re-Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-028990 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Creek AL

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Shugart

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

Sec. 23-18s-30e

Unit P NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Yates Petroleum Corporation /

3. ADDRESS OF OPERATOR

207 S. 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

330' FSL & 330' FEL

14. PERMIT NO.

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

3494' GR

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

Run casing

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 perti-
nent to this work.)*

The well will not be deepened. So we intend to clean out the hole to TD
and run 4 1/2" casing to bottom and cement to surface. Will perforate and
stimulated as needed for production.

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

SIGNED

TITLE

Reg. Mgr.

DATE

4-13-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side