

UNITED STATES GEOLOGICAL SURVEY  
DEPARTMENT OF THE INTERIOR

NMOCC COPY

SUBMIT IN TRIPlicate  
(Other Instructions  
verse side)

(Copy to SF)  
Form approved:  
Budget Bureau No. 42 R1424

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0487738	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, NM 88210		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 660' FSL & 1980' FEL of Section 5-18S-25E		8. FARM OR LEASE NAME Federal "AB" Comm	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3590 GR		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5-18S-25E Unit 0 NMPM	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Extend drilling of well	

(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.)\*

Will you please extend the Drilling Permit to drill this well until a rig is available.

RECEIVED  
AUG 11 1977  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Christine Anderson TITLE Geol. Secty

DATE 8-11-77

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED BY

THIS APPROVAL IS RESCINDED IF OPERATIONS  
ARE NOT COMMENCED WITHIN 3 MONTHS.  
NOV 12 1977  
See Instructions on Reverse Side

R. L. GARDNER  
DISTRICT ENGINEER