

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy
SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

NM 27276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Benson Deep Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Benson Strawn

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

Unit O, Sec. 33-18S-30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 So. 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit O, 660' FSL & 2180' FEL
Sec. 33-T18S-R30E

14. PERMIT NO.

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

3404' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Change of Operator

☒

(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.)*

Previous Owner-Operator - Napeco, Inc.
P.O. Box 283
Houston, TX 77001

Effective October 1, 1980 Yates Petroleum Corporation
will operate the Benson Deep Unit #1.

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

SIGNED

Albert R. Hall

TITLE

Engineer

DATE

10/2/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Jerry H. Long

TITLE

DATE

10/24/80