

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ORIGINAL COPY
SUBMIT IN TRIPlicate
(Other instructions
reverse side)

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	5. LEASE DESIGNATION AND SERIAL NO. NM 9538
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 S. 4th Street, Artesia, New Mexico 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 1980' FSL & 1980' FWL	8. FARM OR LEASE NAME Spearman KO Fed. Com
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Undesignated
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T18S-R24E
14. PERMIT NO.	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3666.8	13. STATE NM

RECEIVED

MAY 21 1979

G. C. C.

ARTESIA, OFFICE

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"/>		<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"/>	Extension request	<input checked="" 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.)*

We request a 90-day extension to our APD which expires June 4, 1979.

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

SIGNED Alvin R. Stali TITLE Geographer DATE May 16, 1979

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ALBERT R. STALI TITLE ACTING DISTRICT ENGINEER DATE MAY 17 1979

CONDITIONS OF APPROVAL, IF ANY:

THIS APPROVAL IS RESCINDED IF OPERATIONS
ARE NOT COMMENCED WITHIN 3 MONTHS.
EXPIRES SEP 06 1979

*See Instructions on Reverse Side