

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

clsp

5. LEASE DESIGNATION AND SERIAL NO.

LC 067348

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dixon-Yates LM Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Turkey Track Atoka

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

Unit G, Sec. 28-18S-29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 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

1680 FNL & 1980 FEL, Sec. 28-18S-29E

RECEIVED BY  
JAN 2 1986  
ARTESIA, OFFICE

14. PERMIT NO.

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

3451' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Perforate additional holes

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

Propose to perforate additional perms in existing zone. Perforations are: 10938-42, 10986-89, 11012-26, 10480-85 and 10509-12'. Will stimulate and commingle with present perforations at 10652-658'.

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

SIGNED *Antonia D. Dilled*

TITLE Production Supervisor

DATE 12-20-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-30-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side