

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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(Other instructi  
verse side)

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ON re

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

dsf

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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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

105 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

14. PERMIT NO.

API #30-015-23272

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

3451' GR

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DEC 02 '88

O. C. D.  
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

8. FARM OR LEASE NAME

Dixon-Yates LM Federal

9. WELL NO.

1

10. FIELD AND BLOCK OR SURFACE  
No. Turkey Track Cisco

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

Unit G, Sec. 28-T18S-R29E

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

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)

RE-CONNECT WELL TO PIPELINE

(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.)

WELL RECOMPLETED IN CISCO PERFORATIONS 9792-9810'

RECONNECTED TO PIPELINE 11-9-88.

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

SIGNED

TITLE

Production Supervisor

DATE

11-9-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

NOV 25 1988

\*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO