

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

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

RECEIVED BY

JAN 11 1985 SUNDAY
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. O. C. D.
ARTESIA OFFICE ☒ 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

2030 FNL & 660 FWL, Sec. 34-T18S-R30E

14. PERMIT NO.

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

3458.5' GR

5. LEASE DESIGNATION AND SERIAL NO.

LC 028978-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Benson Deep Unit

8. FARM OR LEASE NAME

Benson Deep Unit

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ninenim Ridge Morrow

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

Unit E, Sec. 34-T18S-R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 plug back perms 11797-815 due to excessive water production. Will perforate Middle Morrow at 11608-11614' and stimulate for production.

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

SIGNED *[Signature]*

TITLE Production Supervisor

DATE 1-2-85

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE 1-9-85

*See Instructions on Reverse Side