

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD

Artesia, NM 88210 APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

M/R 2 1994

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☒ Other RECOMPLETION

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL, 1980' FWL (Unit F), Section 34-T18S-R25E

5. Lease Designation and Serial No.

LC 067136

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Scout EH Federal #5

9. API Well No.

30-015-23726

10. Field and Pool, or Exploratory Area

Undesignated Wolfcamp

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other 1st production  
Recompletion

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

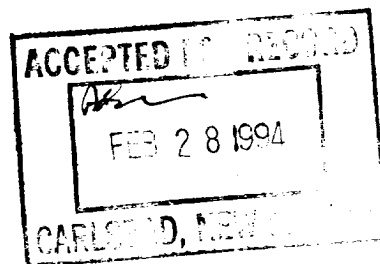
(Note: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

13. 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.)\*

REPORT FIRST PRODUCTION - 12-11-93.

GAS RECONNECTED TO TRANSWESTERN PIPELINE COMPANY 12-11-93.

RECEIVED  
FEB 17 11 22 AM '94



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

Signed [Signature]

Title Production Supervisor

Date 2-15-94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: