

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 028978B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Benson Deep Federal ET Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Ninenim Ridge Morrow

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

Unit B, Sec. 33-T18S-R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ CHANGE WELL NAME.

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

~~1830 FNL & 660 FEL~~

660 FNL & 1980' / E

14. PERMIT NO.

API 30-015-25121

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

3419' GR

RECEIVED BY

APR 15 1987

O. C. D.

ARTESIA OFFICE

16.

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) ☐ Change well name

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

X

(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.) \*

CHANGE WELL NAME:

FROM: BENSON DEEP UNIT #3

TO: BENSON DEEP FEDERAL "ET" COM #1

The Benson Deep Unit contracted and the #3 well is no longer a unit well.

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

SIGNED

TITLE Production Supervisor

DATE 4-9-87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

APR 13 1987

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