

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

Budget Bureau No. 1004-0135  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.

LC 028978B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different well.  
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 660' FNL & 1980' FEL

SEP 26 '88

O. C. D.  
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Benson Deep Fed. ET Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

South Leo Bone Springs

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

Unit B, Sec. 33-T18S-R30E

14. PERMIT NO.

API #30-015-25121

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

3484.7' GR

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  
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.) \*

8-31-88. Acidized perforations 8318-8440' w/1000 gals 15% NEFE acid and 50 ball sealers.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 9-1-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 22 1988

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO

