

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

458

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Yates Drilling Company ✓

ADDRESS OF OPERATOR

105 South 4th Street, Artesia, New Mexico 88210

LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980' FSL & 2310' FEL

PERMIT NO.

ELEVATIONS (Show whether DF, H, GR, etc.)

3535' GL

LEASE DESIGNATION AND SERIAL NO.

LC-067132

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Denton Federal

WELL NO.

9

FIELD AND POOL, OR WILDCAT

Loco Hills, On-GB-SA

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

Section 20-18S-29E

COUNTY OR PARISH

Eddy

STATE

N.M.

19

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 PLANE

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

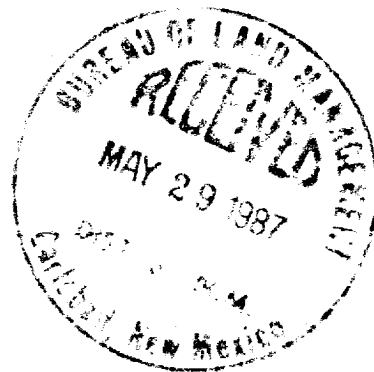
ABANDONMENT*

(Other)

(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.) *

Request permission to temporarily abandon due to high water-oil ratio.



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

SIGNED

Karen J. Leishman

TITLE

Production Clerk

DATE

5-28-87

(This space for Original or State office use)

APPROVED BY

Acting Area Manager

TITLE

DATE

6-11-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side