

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

clsf

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Yates Drilling Company
3. ADDRESS OF OPERATOR
105 South 4th Street, Artesia, NM 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FSL & 2310' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3535' GR

LC-067132
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Denton Federal
9. WELL NO.
9
10. FIELD AND POOL, OR WILDCAT
Loco Hills-On-GRB-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 20-18S-29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Temporarily Abandon</u> <input checked="" type="checkbox"/> | |

(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 continue temporary abandon status of well.

RECEIVED
OCT 6 10 40 AM '93
CAND
ARL

18. I hereby certify that the foregoing is true and correct
SIGNED Shannon J. Shaw TITLE Production Clerk DATE 10-5-93
(This space for Federal or State office use)
APPROVED BY Orig. Signed by Shannon J. Shaw TITLE PETROLEUM ENGINEER DATE 10/27/93
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD

*See Instructions on Reverse Side

ENDING 11/1/94

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