

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII
(Other instruction on re-
verse side)

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

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 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' FSL & 660' FEL

14. PERMIT NO.
API #30-015-25147

15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3569' GR

5. LEASE DESIGNATION AND SERIAL NO.
CA #NM-061P35-86C340

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sylvester ABC Com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Richard Knob-Atoka/Morrow Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit P, Sec. 8-T18S-R25E

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 COMPLETION
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Gas connected for sales

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.) *

WELL IS COMMUNITIZED - NM-061P35-86C340.

WELL CONNECTED TO PIPELINE FOR 1ST SALES 3-18-88.

Transwestern Pipeline Co., - Transporter-Purchaser.

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

SIGNED *John A. Doolittle*

TITLE Production Supervisor

DATE 3-18-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side