

*clsf*

RECEIVED BY

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.  
**LC-064622**

**FEB 6 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.)

ARTESIA, OFFICE  
WELL  OTHER

2. NAME OF OPERATOR  
**YATES PETROLEUM CORPORATION**

8. FARM OR LEASE NAME  
**Northwestern Shores "AAL" F**

3. ADDRESS OF OPERATOR  
**207 SOUTH FOURTH STREET, ARTESIA, NEW MEXICO 88210**

9. WELL NO.  
**1**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**1980' FSL adn ~~2200'~~ FEL**

10. FIELD AND POOL, OR WILDCAT  
**Undesignated *Four Mile***

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 36-T18S-R26E**

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3274' GL**

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)\*

Change casing from 8 5/8", 24# to 9 5/8", 36#

Change hole size from 7 7/8" to 8 3/4"

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

SIGNED *Gloria A. Alaris* TITLE Regulatory Secretary DATE 1/29/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-5-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side