

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1988

5. LEASE DESIGNATION AND SERIAL NO.

NM 65392

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Compromise AEJ Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Strawn

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

Unit H-

Sec. 30-T18S-R27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

1980' FNL & 800' FEL

14. PERMIT NO.

API #30-015-25665

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

3281' GR

C. D.

ARTESIA, OFFICE

16. 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 COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Perforate existing zone

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.) *

Propose to perforate 8498-8501' and 8568-8570', stimulate for production.
Existing perforations 8720-25' depleted.

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

SIGNED

TITLE Production Supervisor

DATE 1-23-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side