Ferro (100)5	Dramen :	SEBMHE SHITTIN CATE	r om, approved. Budget Bureau No. 1004–0125 Å
- UNOVERSION (1983)	I OF THE INTERIO	Tother instruction in re-	
BUREAU O	F LAND MANAGEMENT	RECEIVED	NM-56226
Dear one this care for growsals to	AND REPORTS Or dell or to deepen or plug back FOR PERMIT for such propor	to a different reservoir.	6. IF INDIAN, ALLOTTRE OR TRIBE NAME
OIL CAS WELL X OTHER	/ 0//	75 H 22 HH 89	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	ARE		8. FARM OR LEASE NAME
Yates Petroleum Corporati	on <i>V</i>		New Deal AFD Federal Com
105 South 4th St., Artesi	.a, NM 88210	FECTIVED	1
4. LOCATION OF WELL (Report location clearly See also space 17 below)		te requirements.*	10. FIELD AND POOL, OR WILDCAT Undesignated Richard Knob
1980' FNL & 760' FEL		FEB 10 '89	Atoka-Morrow 11. sec., T., E., M., OB BLE. AND SURVEY OR AREA
		O. C. D.	Unit H, Sec. 6-T18S-R25E
14. PERMIT (O. 25922 (575) 15.	ELEVATIONS (Show whether OF, BT	GR, etc.) ARTESIA, OFFICE	12. COUNTY OR PARISH 13. STATE
API #30-015- 29522	3709.5' G		Eddy NM
16. Check Approx	oriate Box To Indicate Nati	ure of Notice, Report, or C	Other Data
			UENT REPORT OF:
TEST WATER SHUT-OFF PULL	OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
·	PLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABAND	ôN*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANG	E PLANS	(Other) Report upda	of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIO proposed work. If well is directionally near to this work.) •	NS (Clearly state all pertinent dedrilled, give subsurface location	etails, and give pertinent dates,	letion Report and Log form.) including estimated date of starting any all depths for all markers and zones perti-
Well drilled to TD 1425	to test San Andre	S.	
	y tool rig to deeperilling formation 5:		ow and intermediate
TD 8450'. Reached TD 5	:30 PM 1-23-89.		
18. I hereby certify that the foregoing is true			
signor and a bode	TITLE Produ	ction Supervisor	DATE
This space for Federal or State office use)		A 100 100 100 100 100 100 100 100 100 10
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

SJS