

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMERICAL
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.
NM 18481

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Laney AGJ Federal Com

9. WELL NO.

1

10. FIELD AND TOOL, OR ALLOCAT
Permo Perm
Under Wolfcamp

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

Unit F, Sec. 11-18S-24E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION

3a. Area Code & Phone No.
O.C.D.
ARTESIA OFFICE
505/748-1471

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 & 1980' FWL, Sec. 11-T18S-R24E

14. PERMIT NO.
API #30-015-26091

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3704' GR

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Report 1st production

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 CONNECTED TO PIPELINE FOR 1ST PRODUCTION & SALES 9-22-89.

TRANSWESTERN PIPELINE COMPANY, PURCHASER & TRANSPORTER.

SEP 26 11 44 AM '89
CARBONATE
AREA

RECEIVED

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 9-22-89

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side