

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

11 S. 1234  
Artesia, NM

Division  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
LC-056014  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA, Agreement Designation  
8. Well Name and No.  
Loco ASI Federal Com #1  
9. API Well No.  
30-015-30094  
10. Field and Pool, or Exploratory Area  
Undesignated Morrow  
11. County or Parish, State  
Eddy Co., NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other  
2. Name of Operator  
YATES PETROLEUM CORPORATION (505) 748-1471  
3. Address and Telephone No.  
105 South 4th St., Artesia, NM 88210  
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650' FSL & 1200' FWL of Section 10-T18S-R29E (Unit L, NWSW)

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

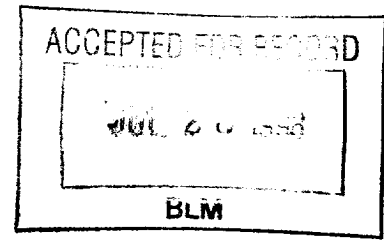
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Correct API Number	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

Please correct the API Number as follows and on all previous paperwork that has been sent in:

FROM: 30-015-30275  
TO: 30-015-30094



(ORIG. SGD.) GARY GOURLEY

14. I hereby certify that the foregoing is true and correct  
Signed Rusty Klein Title Operations Technician Date July 1, 1998  
(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_