

BUREAU OF LAND MANAGEMENT

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	RECEIVED JUN 08 '89 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-014142-A
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., ARTesia, NM 88210		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Cass Ranch Unit Deb
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Undes. Canyon
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 3-T20S-R24E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) CHANGE OF OPERATOR

(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.) *

From: C.E. LARUE & B.N. MURPHY JR

RECEIVED
JUN 31 10 03 AM '89

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

SIGNED	TITLE Landman	DATE 5-31-89
(This space for Federal or State office use)		
APPROVED BY	FOR: OCEA, ARTESIA, NM	DATE 6-7-89
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side