

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 42 R1424.
6. LEASE DENIGATION AND SERIAL NO.

LC-062376

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Yates Drilling Company</p> <p>3. ADDRESS OF OPERATOR 207 So. 4th St., Artesia, NM 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</p> <p style="text-align: center;">990 FSL & 990 FEL</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3283 DF</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Lane</p> <p>9. WELL NO. 4</p> <p>10. FIELD AND POOL, OR WILDCAT Red Hills Yates</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E- Sec. 29-T19S-R30E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

<p>TEST WATER SHUT-OFF <input checked="" type="checkbox"/></p> <p>FRACTURE TREAT <input checked="" type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) Perforate</p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input checked="" type="checkbox"/></p>
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SUBSEQUENT REPORT OF:

<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p>
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(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 return well to production and pump test. Will isolate possible water production zones at 1670-78, 1698-1702 with bridge plug. Propose to perforate 1621-24, 1625-28, 1651-53 w/2 shots/ft, breakdown perms w/500 gal 15% HCL and sand wtr frac w/10000 gal gelled wtr 15000# sand.

RECEIVED RECEIVED

MAR 21 1975

MAR 20 1975

O. C. C.
ARTESIA OFFICE

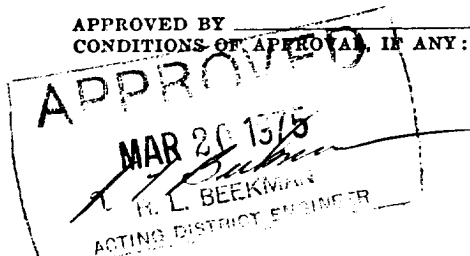
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *Raymond Yates* TITLE Engineer DATE 3/19/75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side