

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
Other instructions on reverse side

Form approved  
Budget Bureau No. 1004-01  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SWD	SEP 25 '89	5. LEASE DESIGNATION AND SERIAL NO.	NM 58143
2. NAME OF OPERATOR	Yates Petroleum Corporation / (505) 748-1471 O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	N/A
3. ADDRESS OF OPERATOR	105 South 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME	N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	1980' FSL & 660' FEL, NE/SE, Sec. 3-20S-24E	8. FARM OR LEASE NAME	Bate Federal
14. PERMIT NO.	API #30-015-05912	9. WELL NO.	1
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	3691' GR	10. FIELD AND POOL, OR WILDCAT	Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA	Unit I, Sec. 3-T20S-R24E
		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:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Report 1st water disposed	<input checked="" type="checkbox"/>		

(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.) \*

Report of first water disposed - 9-2-89.

9-18-89. Testing well.

RECEIVED  
SEP 20 11 41 AM '89  
CARTER AREA OFFICE

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

SIGNED Arantes Soodler

TITLE Production Supervisor

DATE 9-19-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS