

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c/sf

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION (505) 748-1471 20'89

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' FSL & 1980' FEL, Sec. 1-20S-24E

14. PERMIT NO.
API #30-015-21705

15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3583' GR

5. LEASE DESIGNATION AND SERIAL NO.
SW
SRM-1059

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Foster FF Com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Cemetery Morrow Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit J, Sec. 1-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	(Other) Central Delivery Sales Point	
ABANDON*	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
CHANGE PLANS	<input type="checkbox"/>		

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.) *

Due to economic conditions with gas purchaser, Yates Petroleum Corporation has been required to lay gathering lines and set allocation meters at each well that produces into a common line. We request approval to commingle the following wells:

- Conoco ACK Federal Com #1, NE/NW, Sec. 11-T20S-R24E
- Cacti AGB State Com #1, NW/SE, Sec. 2-T20S-R24E
- Foster FF Com #1, NW/SE, Sec. 1-T20S-R24E (SRM-1059)

SJS

SEP 8 10 22 AM '89
CARRIED
AREAS

RECEIVED

The gas is measured prior to measurement for sales for marketing gas to the pipeline company. The sales point is located at the Foster FF Com #1, NW/SE, Sec. 1-T20S-R24E.

Yates Petroleum Corporation conducts quarterly calibration tests on all meters. Test results will be furnished to the Bureau of Land Management upon request.

Transwestern Pipeline Company conducts quarterly tests on TW's meters and semi-annual gas analysis tests.

Diagram attached.

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

SIGNATURE Quanita Sadtler TITLE Production Supervisor DATE 9-6-89

(This space for Federal or State office use)

APPROVED BY Quanita Sadtler TITLE PETROLEUM ENGINEER DATE 11-14-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side