

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 PLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0439491 RECEIVED	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME MAY - 8 1980	
3. ADDRESS OF OPERATOR 207 South 4th Street-Artesia, NM		7. UNIT AGREEMENT NAME O. C. D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL & 990' FWL of Section 1-19S-24E		8. FARM OR LEASE NAME ARTESIA, OFFICE Federal "CW"-B	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3679' GR		10. FIELD AND POOL, OR WILDCAT Penasco Draw SA-Yeso.	
		11. SEC., T., R., M., OR BLK. AND (Assoc) SURVEY OR AREA Sec 1-19S-24E Unit L NMPM	
		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) Set 4½" casing	<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.)*

TD 3100'; PBTD 3069'. Ran 70 jts of 4½" 9.5# K-55 (3069') of casing set at 3069'. 1-guide shoe at 3069'. Cemented w/350 sacks of Class "C" 3/10% D-108, 2/10% D-65. PD 2:15 PM 2-21-80. Circulated 35 sacks of cement to the surface.

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

SIGNED

Christine Johnson

TITLE

Geol. Secty.

DATE 5-3-80

(This space for Federal or State office use)

(Orig. Egd.) GEORGE H. STEWART

ACTING DISTRICT ENGINEER

APPROVED BY

TITLE

DATE

MAY 07 1980

CONDITIONS OF APPROVAL, IF ANY: