

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CATE*
OR re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-30629

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eastern Shore "QW" Federal
Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat 1126 Perryow

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

J-8-T19s-R27e

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 4th Street, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1623' FSL and 1692' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3334' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Change Location

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

At the request of the USGS, we propose to change the location of the well for topographic reasons. The wellsite as previously submitted fell in the flood plain and on the bank of the river.

Enclosed is the new platt.

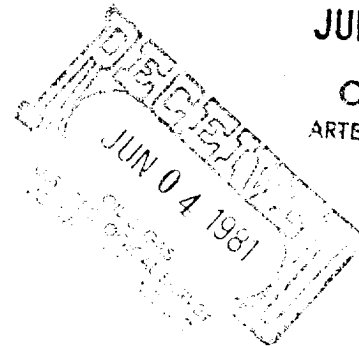
The new TD is 10,200'.

On Form 9-331C Item #16 should be 160 acres.

RECEIVED

JUL 8 1981

O. C. D.
ARTESIA, OFFICE



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

SIGNED

James A. Gillham
APPROVED
(This space for Federal or State office use)

TITLE Geographer

DATE 5-3-81

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side