

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

Name of Operator
YATES PETROLEUM CORPORATION (505) 748-1471 O. C. D.
Artesia Office

Address and Telephone No.
105 South 4th St., Artesia, NM 88210

Location of Well (Footage, Sec., T., R., M., or Survey Description)
2030' FNL & 1650' FEL of Section 34-T19S-R24E (Unit G, SWNE)

NM OIL CONS COMMISSION

FORM APPROVED
Budget Bureau No. 108-0035
Artesia, NM 88210
Expires: March 31, 1995

5. Lease Designation and Serial No.
NM-12246

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Oakason NV Federal #3

9. API Well No.
30-015-24095

10. Field and Pool, or Exploratory Area
Undesignated

11. County or Parish, State
Eddy Co., NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Date of 1st Production	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

3. 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.)*

Date of 1st Production: August 4, 1994.

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

Signed Rusty Klein Title Production Clerk Date August 12, 1994

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side