

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
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.)

| | |
|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Yates Petroleum Corporation ✓ | 8. FARM OR LEASE NAME Allison CQ Federal |
| 3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210 | 9. WELL NO. 8 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL & 990 FEL | 10. FIELD AND POOL, OR WILDCAT Boyd Morrow |
| 14. PERMIT NO. API #30-015-24263 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 14-T19S-R24E |
| 15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3662' GR | 12. COUNTY OR PARISH Eddy |
| | 13. STATE NM |

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APR 11 '88

O. C. D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Gas connected for sales

X

(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.)*

WELL CONNECTED TO PIPELINE FOR 1ST SALES - 4-4-88.

TRANSWESTERN PIPELINE CO., TRANSPORTER-PURCHASER.

APR 7 11 05 AM '88
CARTER
ARELLANO

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

| | | |
|--|------------------------------------|--------------------|
| SIGNED <u>Janita Goodlett</u> | TITLE <u>Production Supervisor</u> | DATE <u>4-4-88</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY _____ | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side