

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Budget Design No. 1004-0135
Expires August 31, 1985

ckr

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 ☐ GAS WELL ☒ OTHER ☐	RECEIVED BY SEP 29 1986 C. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 30629
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office instructions) At surface 660 FSL & 2310 FEL, Sec. 5-T19S-R27E		8. FARM OR LEASE NAME Eastern Shore XM Federal
14. PERMIT NO. API #30-015-24534	15. ELEVATIONS (Show whether TSP, AS, GP, etc.) 3275' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT McMillan-Upper Penn Gas
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 5-T19S-R27E
		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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐

(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.) *

9-9-86. Acidized perfs 7675-7802' w/1000 gals 20% NEFE acid + N₂.

ACCEPTED FOR RECORD

SWD
SEP 26 1986

CARLSBAD, NEW MEXICO

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

SIGNED <i>James L. Doolittle</i>	TITLE Production Supervisor	DATE 9-10-86
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side