

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MINERAL COMMISSION
Drawn SUBMIT IN TRIPI
(Other instructions
to be same, side) 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

215P

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 ☐

2. NAME OF OPERATOR
YATES PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL & 660' FEL, Sec. 29-19S-24E

14. PERMIT NO.
30-015-25367

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3790' GR

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DEC 11 '89

O. C. D.

NEBIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM 13621

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Amoco QT Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Antelope Sink Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit P, Sec. 29-T19S-R24E

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Gas reconnected to pipeline ☒

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.)*

WELL RECONNECTED TO YATES GAS GATHERING SYSTEM 11-28-89.

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

SIGNATURE *John A. Dredger*

TITLE Production Supervisor

DATE 12-5-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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