

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR  
(Other instruct:  
verse side)

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

dsf

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 ENERGY CORPORATION ✓

3. ADDRESS OF OPERATOR  
P. O. Box 2323, Roswell, New Mexico 88202-2323

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
2310' FNL & 790' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3757.7 GR

RECEIVED  
MAR 5 1991  
O.C.D.  
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO  
NM-2538

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Prickly Pear Federal

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Und. North Shugart

11. SEC., T., R., M., OR BLK. AND  
SUBVEY OR AREA  
Section 12-18S-31E

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spudding <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)\*

2-21-91 Moved in and rigged up cable tool drilling rig. Set 20" conductor pipe at 40', cemented.

2-22-91 Spudded well @ 10:00 a.m. Drilling ahead, formation sand and clay.

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

SIGNED Sharon R. Hamilton TITLE Landman

DATE 2-26-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

MAR 4 1991

SJS

CARLEBAD, NEW MEXICO

\*See Instructions on Reverse Side