

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions  
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 63011

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

YATES FEDERAL

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

SHUGART

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SEC 11, T19S R31E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
WOODBINE PETROLEUM, INC.  
3. ADDRESS OF OPERATOR  
1445 ROSS AVE., LB 234 DALLAS, TX 75202  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
990 FWL 990 FSL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3566' GR

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)\*

This Sundry Notice is being filed to alter the location of the Yates Federal #3 as indicated below:

Previous Location

660' FSL and 990' FWL Sec. 11 T19S R31E

Current Location

990' FSL and 990' FWL Sec. 11 T19S R31E

Post ID-1  
4-12-91  
Amund Loc

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

SIGNED

TITLE Executive Vice President

DATE 3/28/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 4-2-91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side