

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
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.

#4

10. FIELD AND POOL, OR WILDCAT

Shugart Y, SR, Q, GB

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

Sec. 11 T19S R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 requirement. See also space 17 below.)

At surface

1650' FSL & 990' FWL

14. PERMIT NO.

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

3568 GR

16. 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) Spud & Surface Casing ☐

(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.) \*

On March 4, 1991 spudded well at 8:00p.m. On March 6, 1991 ran 15jts. of 9 5/8" 36# casing and set at 672'. Cemented with 265 sks. of HOWCO Lite and 100 sks. of Class C. Circulated 60 sks.

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

SIGNED

TITLE

Executive Vice President

DATE

3/8/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side