

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NEW OIL COMMISSION**  
Drawer DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

CISF

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

|  |                |   |
|--|----------------|---|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | SEP 27 1993    | 5. Lease Designation and Serial No.<br>NM-58024                       |
| 2. Name of Operator<br>YATES PETROLEUM CORPORATION   | (505) 748-1471 | 6. If Indian, Allottee or Tribe Name                                  |
| 3. Address and Telephone No.<br>105 South 4th St., Artesia, NM 88210   |                | 7. If Unit or CA, Agreement Designation                               |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>660' FSL & 1980' FWL (Unit N) of Section 25-T19S-R24E  |                | 8. Well Name and No.<br>March AMT Federal Com #1                      |
|  |                | 9. API Well No.<br>30-015-27506                                       |
|  |                | 10. Field and Pool, or Exploratory Area<br>No. Dagger Draw Upper Penn |
|  |                | 11. County or Parish, State<br>Eddy County, New Mexico                |

| 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                      |   |  |
|---|---|--|
| TYPE OF SUBMISSION  | TYPE OF ACTION  |  |
| <input type="checkbox"/> Notice of Intent   | <input type="checkbox"/> Abandonment                        | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report   | <input type="checkbox"/> Recompletion                       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice   | <input type="checkbox"/> Plugging Back                      | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Casing Repair                      | <input type="checkbox"/> Water Shut-Off          |
|   | <input type="checkbox"/> Altering Casing                    | <input type="checkbox"/> Conversion to Injection |
|   | <input checked="" type="checkbox"/> Other Correct Well Name | <input type="checkbox"/> Dispose Water           |
| (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |   |  |

13. 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.)\*

Please correct the well name from the March AMI Federal Com #1 to the March AMT Federal Com #1. All previous paperwork has been sent in with the wrong well name on it.

Port ID-3  
9-24-93  
chg well name

AMT

SEP 30 10 45 AM '93

RECEIVED

*L. Lara*

|   |                        |                    |
|---|------------------------|--------------------|
| 14. I hereby certify that the foregoing is true and correct |                        |                    |
| Signed <i>Rusty Klein</i>                                   | Title Production Clerk | Date Sept. 3, 1993 |
| (This space for Federal or State office use)                |                        |                    |
| Approved by _____   | Title _____            | Date _____         |
| Conditions of approval, if any:                             |                        |                    |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side