

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD
Artesia, NM 88210

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

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

YATES PETROLEUM CORPORATION

(505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 660' FEL (Unit A), Section 31-T19S-R24E

5. Lease Designation and Serial No.

NM 76936

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sunflower AHW Federal #2

9. API Well No.

30-015-27525

10. Field and Pool, or Exploratory Area

Undesignated Abo

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing

☒ Other CORRECTION FOR
GAS CONNECTION.

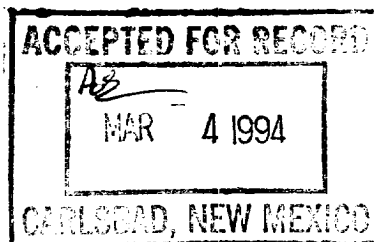
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

CORRECTION FOR GAS CONNECTION DATE:

CASINGHEAD GAS CONNECTED TO DAGGER DRAW PROCESSING PLANT 1-11-94. (Reported 2-2-94.)
GAS IS MEASURED ON LEASE.



RECEIVED
FEB 18 10 43 AM '94
CARLSBAD, NEW MEXICO

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

Signed [Signature]

Title Production Supervisor

Date 2-17-94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____