

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy 451F
Form approved
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM-04219

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Yates Drilling Company</p> <p>3. ADDRESS OF OPERATOR 207 So. 4th St., Artesia, N.M. 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FSL & 1650 FEL</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Anderson</p> <p>9. WELL NO. 6</p> <p>10. FIELD AND POOL, OR WILDCAT McMillan West</p> <p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Unit J Sec. 11-T20S-R26E</p> <p>12. COUNTY OR PARISH 13. STATE</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <input type="checkbox"/> D. C. C. 3260 GR ARTESIA, OFFICE</p>	

NOV 11 1974

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 checked="" type="checkbox"/> <i>Temp</i>	ABANDON* <input checked="" type="checkbox"/> X	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

This well is part of West McMillan Anderson Pressure Maintenance Project. The well has watered out. We request Temporary abandonment status for one year for purposes of evaluating its possible use as water-injection well.

RECEIVED
OCT 30 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u><i>Robert Yates</i></u>	TITLE <u>Engineer</u>	DATE <u>Oct 25, 1974</u>
(This space for Federal or State office use)		

APPROVED BY *[Signature]* TITLE WELL MUST
CONDITIONS OF APPROVAL, IF ANY: UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL 1, OCT 1 - 1975
See Instructions on Reverse Side

NOV 7 - 1974
J. L. BECKMAN
DISTRICT ENGINEER