

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE LOCATION
(Other Instruct on reverse side)

Budget Bureau No. 1001-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-063567

6. IF INDIAN, ALLOTTEE, OR TRIBE NAME

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.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

S.P. Yates

3. ADDRESS OF OPERATOR

105 South 4th Street, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
(See also space 17 below.)
At surface

990' FNL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, CR, etc.)

O. C. D.

OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Fed. #1 Deep

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

McMillan-Wolfcamp

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

Sec. 5-20-27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Returned well to production

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.)*

5-27-92 Cleaned out well to T.D. Replaced rods and tbg. Set pumpjack and returned well to production.

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

SIGNED *Kevin J. Leisner*

TITLE Production Clerk

DATE 6-3-92

(This space for Federal or State Government Use)

APPROVED BY *David H. Smith*
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

NEW COPY *See Instructions on Reverse Side