

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRI (Other instructi verse slide) DATE ON re-

Form approved, Budget Bureau No. 42 01424. 5. LEASE DESIGNATION AND SERIAL NO.

OK-05110-B

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.)

1. OIL WELL [] GAS WELL [] OTHER Re-Entry
2. NAME OF OPERATOR S. P. Yates
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, New Mexico 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 2300' FWL of Sec. 12-20S-26E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3294' GR
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-20S-26E Unit R. MPM
12. COUNTY OR PARISH 13. STATE Eddy N. Mex.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF [] PULL OR ALTER CASING []
FRACTURE TREAT [] MULTIPLE COMPLETE []
SHOOT OR ACIDIZE [] ABANDON* [X]
REPAIR WELL [] CHANGE PLANS []
(Other)

WATER SHUT-OFF [] REPAIRING WELL []
FRACTURE TREATMENT [] ALTERING CASING []
SHOOTING OR ACIDIZING [] ABANDONMENT* []
(Other) Temporary Capping

(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.)

After re-entering this well is has been tested on pump and produced no commercial production. Therefore, it is our intention to temporarily abandon the well by capping.

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MAR 9 1971

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

SIGNED [Signature] TITLE Engineer DATE 3-9-71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED MAR 11 1971 H. L. BEEKMAN

*See Instructions on Reverse Side