

**UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N. M. O. C. C. COPY

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

copy to SF
Form Approved
Budget Bureau No. 42-R1424

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 01165	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 So. 4th Street - Artesia, NM 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FEL of Sec. 7-20S-29E		8. FARM OR LEASE NAME Williamson "BC"	
		9. WELL NO. 2	
		10. FIELD AND POOL, OR WILDCAT Burton-Yates	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-20S-29E Unit P NMFM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3260' DF		
		12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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 was plugged and abandoned as follows: Spot 35 sacks of cement in the 5½" casing across perforations at 966-1162' in the Yates formation and 10 sacks at surface with dry hole marker.

The location is noe ready for inspection.

RECEIVED

OCT 25 1976

**O. C. C.
ARTESIA, OFFICE**

RECEIVED

OCT 19 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Christine L. Johnson TITLE Geol. Secty DATE 10-18-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED
OCT 19 1976
H. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side