

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons. Division  
311 S. 1st Street  
Artesia, NM 88210-2884

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NM-78215</b>
2. Name of Operator <b>YATES PETROLEUM CORPORATION (505) 748-1471</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>105 South 4th St., Artesia, NM 88210</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>950' FNL &amp; 950' FWL of Section 18-T22S-R24E (Unit D, NWNW)</b>	8. Well Name and No. <b>Hickory ALV Federal #2</b>
	9. API Well No. <b>30-015-20163</b>
	10. Field and Pool, or Exploratory Area <b>Indian Basin Upper Penn,</b>
	11. County or Parish, State Assoc. <b>Eddy Co., NM</b>

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

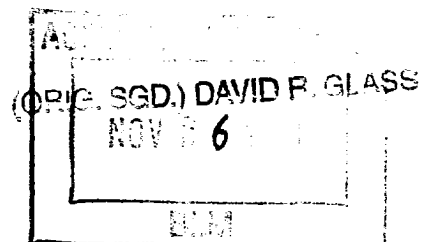
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>Date of 1st Production</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

Date of 1st Production and Gas Connect: October 6, 1999

Gas connected to Dagger Draw Gas Processing Plant



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

Signed <u><i>Rusty Klein</i></u>	Title <u>Operations Technician</u>	Date <u>Nov. 16, 1999</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		