

N. M. O. C. C. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.

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.)

1. OIL WELL GAS WELL OTHER **Temporarily Abandon**

2. NAME OF OPERATOR
S. P. Yates ✓

3. ADDRESS OF OPERATOR
207 So. 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

**SW/4 NW/4 SW/4 1650' FSL & 330' FWL of Sec.
12-20S-26E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3276 GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Riggs

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
West McMillan S.R. Qn.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
**Sec. 12-20S-26E
Unit L NMPM**

12. COUNTY OR PARISH 13. STATE
Eddy New Mexico

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) Temporarily Abandon	<input checked="" 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 type="checkbox"/>
(Other) _____	

(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.)*

It is our intention to temporarily abandon well. No production encountered after bail test.

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

SIGNED _____ TITLE **Engineer** DATE **Sept. 15, 1971**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 16 1971
H. L. BECKMAN
DISTRICT ENGINEER

*See Instructions on Reverse Side