

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
DRAWER 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO
NM 0455458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal DC

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated Strawn
West Burton Flat Atoka

11. SEC., T., E., M., OR BLK. AND
SURVEY OR ARMA

Unit L, Sec. 29-T20S-R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980 FSL & 660 FWL, Sec. 29-T20S-R28E, OFFICE

14. PERMIT NO.
API #30-015-21017

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3239' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) Recomplete in Strawn

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(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.) *

PBTD 11015'.

Propose to recomplete well in Strawn Lime by perforating 10138-330' and 10168-176'.
Will stimulate well as needed for production.



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

SIGNED [Signature]

TITLE Production Supervisor

DATE 11-7-86

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11-13-86

Post ID-2

11-21-86

P+M Morrow

*See Instructions on Reverse Side