

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

CLSP

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	RECEIVED BY MAY 18 1987 O. C. D. ARTESIA, NM	5. LEASE DESIGNATION AND SERIAL NO. NM 01165
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., 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 1980' FSL & 1980' FWL, Sec. 7-T20S-R29E		8. FARM OR LEASE NAME Williamson BC Federal
		9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Winchester Wolfcamp
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit K, Sec. 7-T20S-R29E
14. PERMIT NO. API #30-015-22049	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270' GR	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input checked="" type="checkbox"/> Recomplete in Wolfcamp		(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.)*

Propose to set retainer at approximately 10730' and temporarily abandon Atoka perfs at 10792-800'. Will recomplete in Lower Wolfcamp in perforations at 10029-34' and 10045-51'. Will stimulate as needed for production.

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

SIGNED <u><i>James A. Doodlett</i></u>	TITLE <u>Production Supervisor</u>	DATE <u>4-29-87</u>
(This space for Federal or State office use)		
APPROVED BY <u><i>David Adams</i></u>	TITLE <u>LAND MANAGER</u>	DATE <u>5-13-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side