UNI.  STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

**NM OIL CONS COMMISSION**
Drawer DD   FORM APPROVED
Budget Bureau No. 1004-0135
Artesia, NM. 88210
Expires: March 01, 1993

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## SUNDRY NOTICES AND REPORTS ON WELLS

o 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*

5. Lease Designation and Serial No.

NM-0144698

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Type of Well
☐ Oil Well   ☒ Gas Well   ☐ Other

Name of Operator
YATES PETROLEUM CORPORATION          (505) 748-1471)

Address and Telephone No.
105 South 4th St., Artesia, NM 88210

Location of Well (Footage, Sec., T., R., M., or Survey Description)
990' FNL & 990' FWL of Section 7-T20S-R29E (Unit D, NWNW)

8. Well Name and No.
Superior KJ Fed Com #1

9. API Well No.
30-015-22908

10. Field and Pool, or Exploratory Area
Undesignated Strawn

11. County or Parish, State

Eddy Co., NM

## CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|---|---|
| ☐ Notice of Intent | ☐ Abandonment | ☐ Change of Plans |
| | ☒ Recompletion | ☐ New Construction |
| ☒ Subsequent Report | ☐ Plugging Back | ☐ Non-Routine Fracturing |
| | ☐ Casing Repair | ☐ Water Shut-Off |
| ☐ Final Abandonment Notice | ☐ Altering Casing | ☐ Conversion to Injection |
| | ☐ Other _____ | ☐ Dispose Water |
| | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

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.)*

11-8-94 - Swabbing.
11-9-94 - Loaded casing side.  Unable to test.  Dropped standing valve.  Unable to pressure test.  POOH and replaced bad tubing.  RBIH and set packer.  Tested casing side to 500#.  Dropped standing valve.  Tested tubing to 1000#.  Pulled standing valve.  Swabbing.
11-10-94 - Swabbing.
11-11-94 - Swabbed.  Installed choke and flow testing to tank.

I hereby certify that the foregoing is true and correct

Signed _____   Title ___Production Clerk_____   Date Nov. 11, 1994

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

*See Instruction on Reverse Side