

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210

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

45F

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 <input type="checkbox"/>		RECEIVED BY MAY -1 1987 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 14459
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 S. FOURTH STREET, ARTESIA, NEW MEXICO 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 600' FNL & 1750' FWL			8. FARM OR LEASE NAME Mescal "SE" Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4420' GL	9. WELL NO. 1
			10. FIELD AND POOL, OR WILDCAT LITTLE BOX CANYON MORROW
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-T21S-R22E
			12. COUNTY OR PARISH Eddy
			13. STATE NM

18. 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"/>	PULL 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 type="checkbox"/>
(Other) Re-complete <input checked="" type="checkbox"/>		(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.) *

Well is dead through perms 8129-34' due to salt water encroachment.
Propose to set bridge plug at 8050' & perf Upper Morrow at 7994-8003',
stimulate as needed for production.

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

SIGNED Eddie H. Wright

TITLE Senior Engineer

DATE 4-22-87

(This space for Federal or State office use)

APPROVED BY Eddie H. Wright

TITLE AREA MANAGER

DATE 4-30-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side