

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

LOCATE*
100-100

Form approved
Budget Bureau No. 1004-01
Expires August 31, 1988

25F

ARTESIA, NM 88210

NM 15881

8. IF APPLICABLE, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Slinkard UR Federal Com

9. WELL NO.

3

10. FIELD AND POOL NAME

Undesignated Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Unit L, Sec. 12-T20S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. TYPE OF WELL: ☒ OIL ☐ GAS ☐ 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 & 990' FWL

14. PERMITS

15. ELEVATIONS (Show whether DE, IG, CG, etc.)

API #30-015-26038

3315.8' GR

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

NOTICE OF INTENTION TO:

TEST WELL OR RECONSTRUCTION

FRAC TREATMENT

SHOOTING OR ACIDIZING

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Spud well

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE WELL OR LOG COMPLETION OPERATION. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed well. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Spudded 18" hole 10:00 AM 12-30-88. Notified Sharon Parrich, BLM, Carlsbad, NM of spud.

Drilling with cable tool. TD 115' (8-1/2" hole) 1-9-89.

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

SIGNED John L. Doolittle

TITLE Production Supervisor

DATE 1-9-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

JAN 11 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO