

UNITED STATES OF AMERICA
BUREAU OF LAND MANAGEMENT
BY DEPARTMENT OF THE INTERIOR

FEB 18 1985
SUNDY 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 ARTESIA, OFFICE
WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 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

960 FNL & 1980 FWL, Sec. 31-T23S-R26E

14. PERMIT NO.

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

3766' GR

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 23759

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North White City ABP Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - Delaware

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

Unit C, Sec. 31-23S-26E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Set pump

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

X

(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.)*

1-30-85. Set pumping unit.

1-31/2-1-85. Waiting on weather.

2-3-85. Running rods.

2-5-85. Well on pump.

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

SIGNED

TITLE Production Supervisor

DATE 2-11-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

FEB 15 1985

*See Instructions on Reverse Side