

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

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

4/5P

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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	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., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 31-23S-26E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. API # 30-015-20144	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3766' GR											

RECEIVED BY  
JAN 2 1986  
O. C. D.  
ARTESIA, OFFICE

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) Set CIBP, Perforate additional ☒ (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 CIBP @4200', squeeze perforations at 4102-14'.  
Will perforate 3712-19' and treat if necessary to stimulate production.

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

SIGNED Wanda Doodlett TITLE Production Supervisor DATE 12-18-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12-31-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side