

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
88210

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ 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

AUG 17 '88

C. C. D.
ARTESIA, OFFICE

1980' FSL & 2130' FEL, Sec. 3-T24S-R24E

14. PERMIT NO. API #30-015-24049
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4028.9' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-664
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Lechuguilla Canyon DK Fed.
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Crooked Creek Morrow
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 3-T24S-R24E
12. COUNTY OR PARISH Eddy
13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Well connected to pipeline ☒
(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 CONNECTED TO PIPELINE FOR 1ST PRODUCTION & SALES 8-3-88

EL PASO NATURAL GAS COMPANY - TRANSPORTER; PURCHASER.

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

SIGNED *[Signature]*
(This space for Federal or State office use)

TITLE Production Supervisor

DATE 8-3-88

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

AUG 16 1988

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED
AUG 8 8 42 AM '88
CARLSBAD AREA