

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

SUBMIT IN TRI
(Other instruction
verse side)

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

dsf

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 | | 3. LEASE DESIGNATION AND SERIAL NO. NM 664 | |
| 2. NAME OF OPERATOR Yates Petroleum Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 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 1980' FSL & 2130' FEL, Sec. 3-T24S-R24E | | 8. FARM OR LEASE NAME Lechuguilla Canyon DK Fed. | |
| 14. PERMIT NO. API #30-015-24049 | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4028.9' GR | | 10. FIELD AND POOL, OR WILDCAT Unit J, Sec. 3-T24S-R24E | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 3-T24S-R24E | |
| | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE NM | |

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ARTESIA OFFICE

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATES 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) CHANGE WELL NAME <input checked="" type="checkbox"/> | |
| (Other) <input 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.)

Per telephone conversation with Tom Hare, BLM, Carlsbad, NM, this well is no longer a unit well.

WELL NAME CHANGED FROM: LECHUGUILLA CANYON UNIT #9
TO: LECHUGUILLA CANYON "DK" FEDERAL #1

Form 3160-6 will reflect change for report month of operations beginning January, 1987.

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

| | | |
|---|------------------------------------|--------------------|
| SIGNED <u>Guarita L. Loefer</u> | TITLE <u>Production Supervisor</u> | DATE <u>2-6-87</u> |
| (This space for Federal or State office use) Orig. Sgd. <u>Charles S. Landon</u> | | |
| APPROVED BY <u>Area Manager</u> | TITLE <u></u> | DATE <u>2-9-87</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side