

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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

013F

RECEIVED BY 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.)
WELL TYPE: ☐ OIL ☐ GAS ☐ OTHER
NAME OF OPERATOR

Yates Petroleum Corporation
3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
FSL & 660 FEL, Sec. 8-T26S-R30E
560
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3073' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 31649
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Melson "ZS" Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Wildcat
Under Delaware
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Unit P, Sec. 8-T26S-R30E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>		
(Other)	<input checked="" 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.)*

Verbal permission obtained from Bob Pitsche, BLM, Carlsbad, by Tim Bussell, YPC, Artesia, 2-11-85 to change casing program as follows:

- 13-3/8" casing set @900'; cement circulated.
- 8-5/8" casing set @3400'; cemented w/500 sx cement
- 5-1/2" casing set 7400'; cemented w/350 sx cement

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

SIGNED Tim Bussell TITLE Production Supervisor DATE 2-11-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE APLA MANAGER DATE 2-15-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side