

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

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

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

East Brushy Draw 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

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 ☒ 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 regulations.  
See also space 17 below.)  
At surface

560' FSL & 660' FEL

14. PERMIT NO.

API #30-015-25171

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

3073' GR

RECEIVED BY

JAN 14 1987

O. C. D.

ARTESIA OFFICE

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) Set CIBP, Perforate

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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 a CIBP @ 5400', perforate 4614-21', 4470-80' and 3550-86'.  
Will stimulate perforations as needed for production.

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

SIGNED

*Linda S. C. Rendell*

TITLE Production Supervisor

DATE 1-6-87

(This space for Federal or State office use)

Orig. Sgd. Linda S. C. Rendell

APPROVED BY Acting Area Manager

TITLE

DATE

1-12-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side