

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

WELL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Drilling Company

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

442' FSL & 344' FWL

5. PERMIT NO.

6. ELEVATIONS (Show whether DF, RT, CR, etc.)

6826' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM 25830

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Axem Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Unnamed

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit M, Sec. 18-T23N-R8W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

NOTICE OF INTENTION

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

PLUG OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANT

(Other) CORRECT LOCATION

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. WELL LOG (If well is completed, clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

CORRECT LOCATION FROM: 660' FSL & 660' FWL

TO: 442' FSL & 344' FWL

Dirt contractor built well pad in wrong location.

AUG 21 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Regulatory Agent

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APPROVED

DATE

DATE

AUG 20 1985

AREA MANAGER
FARMINGTON RESOURCE AREA