

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

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED Other instructions on reverse side

MM Roswell District
Modified Form No.
NMOG-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
NM 54900 NM 06/1935-85C-498

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Free well

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Caudill Federal com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit I, Sec. 18-T6S-R26E

12. COUNTY OR PARISH
Chaves

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 requirements. See also space 17 below.)
At surface
1980' FSL & 660' FEL, Sec. 18-6S-26E

14. PERMIT NO.
30-005-62123

15. ELEVATIONS (Show whether DF, RT, GN, etc.)

3a. Area Code & Phone No.
505/748-1450

MAR 23 '90
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER 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) <input checked="" type="checkbox"/>	

(Other) _____

(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.)

EFFECTIVE 3-1-90 CHANGE OPERATOR FROM: TEXACO PRODUCING, INC.
TO: YATES PETROLEUM CORPORATION

COMMUNITIZATION AGREEMENT #NM061P3585C498



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

SIGNED [Signature] TITLE Production Supvr. DATE 3-5-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

MAR 19 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side