

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

NM Oil and Gas Commission
(Other instructions re-versed)

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.

1. NAME OF OPERATOR John A. Yates, Jr., Oil Operator ✓		2. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 990' FEL		4. PERMIT NO.		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3510' GR	
6. LEASE DESIGNATION AND SERIAL NO. NM 27909		7. IF INDIAN, ALLOTTEE OR TRIBE NAME C/SF		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME Comanche PQ Federal		10. WELL NO. 4	
11. FIELD AND POOL, OR WILDCAT Undes. San Andres		12. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 27-T10S-R25E		13. COUNTY OR PARISH Chaves		14. STATE NM			

16. 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"/>	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 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.)*

No H₂S measured.

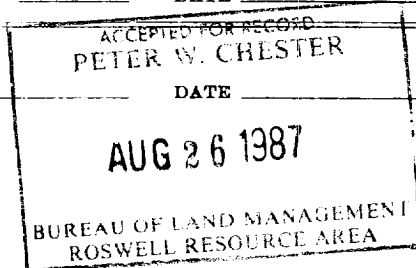
18. I hereby certify that the foregoing is true and correct

SIGNATURE Pamela S. Reddick TITLE Production Supervisor DATE 8/3/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side