

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

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

457

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓		DEC 05 '88		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-17202	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		O. C. D. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL.				8. FARM OR LEASE NAME Short RM Federal	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
				11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Unit K, Sec. 25-T7S-R25E	
14. PERMIT NO API #30-005-61620		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3623.4' GR		12. COUNTY OR PARISH Chaves	
				13. STATE NM	

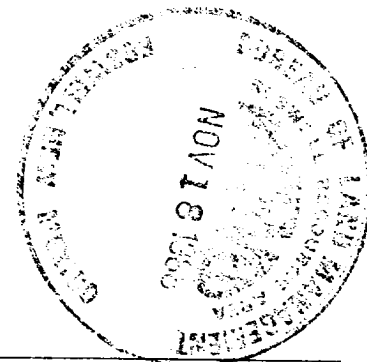
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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) <u>Gas connected for sales</u>	(Other) <u>X</u>
(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.) \*

WELL CONNECTED TO PIPELINE FOR 1ST PRODUCTION & SALES 11-11-88.

TRANSWESTERN PIPELINE COMPANY - TRANSPORTER & PURCHASER.



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

SIGNED <u>Quanita S. Boelst</u>	TITLE <u>Production Supervisor</u>	DATE <u>11-16-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side