

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

NM SHM-CONS PROC
(Other Instructions on re-
drawer 99)

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

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. 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 660' FNL & 2180' FWL

MAR 15 '88

C. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. NM 14983
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Monaghan QY Federal
9. WELL NO. 7
10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 27-T5S-R24E
12. COUNTY OR PARISH Chaves
13. STATE NM

14. PERMIT NO. API #30-005-61652
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4046.5' GR

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) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Gas connected for sales ☒
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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 SALES - 3-4-88.

Transwestern Pipeline Co. - Transporter-Purchaser.

RECEIVED

MAR 9 8 17 AM '88

BUREAU OF LAND MGT
ROSWELL RESOURCE
AREA

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

SIGNED *[Signature]*

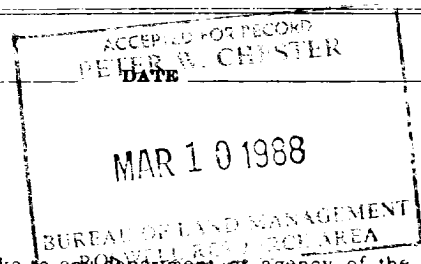
TITLE Production Supervisor

DATE 3-7-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side