

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

RECEIVED  
SUBMIT INSTRUCTIONS  
(Other instructions on reverse side)

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

455

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		DEC 05 '88	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓		O. C. D.	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		ARTESIA, OFFICE	
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		5. LEASE DESIGNATION AND SERIAL NO. NM 28304	
14. PERMIT NO. API #30-005-61689		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3720' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
NOTICE OF INTENTION TO:		7. UNIT AGREEMENT NAME	
TEST WATER SHUT-OFF <input type="checkbox"/>		8. FARM OR LEASE NAME Albitus TH Federal	
FRACTURE TREAT <input type="checkbox"/>		9. WELL NO. 4	
SHOOT OR ACIDIZE <input type="checkbox"/>		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
REPAIR WELL <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 21-T7S-R25E	
PULL OR ALTER CASING <input type="checkbox"/>		12. COUNTY OR PARISH Chaves	
MULTIPLE COMPLETE <input type="checkbox"/>		13. STATE NM	
ABANDON* <input type="checkbox"/>			
CHANGE PLANS <input type="checkbox"/>			
(Other) Commingle produced gas request X			

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

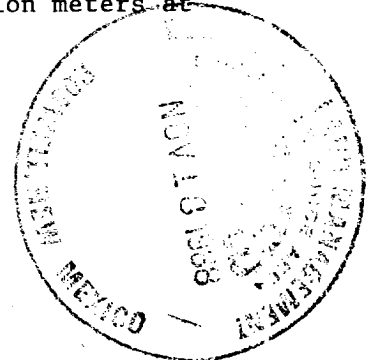
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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.)\*

Yates Petroleum Corporation requests permission to commingle the Albitus TH Federal #4 well located NE/SE, Sec. 21-T7S-R25E with Yates' Albitus TH Federal #2, SW/NW, Sec. 21-T7S-R25E; Yates' Albitus TH Federal #3, SE/SW, Sec. 21-T7S-R25E and Yates' Reinauer RC Federal #1, NE/NE, Sec. 29-T7S-R25E, prior to our measurement for sales for the purpose of marketing our gas. The sales point, is located at Yates' Albitus TH Federal #4 well, (above location).

The above request is due to economic conditions with gas purchaser, Yates Petroleum Corporation has been required to lay gathering lines and set allocation meters at each well that produces into a common line.



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

SIGNATURE [Signature] TITLE Production Supervisor DATE 11-16-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED PETER DATE CHESTER DEC. 1 1988 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
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\*See Instructions on Reverse Side