

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
SUBMIT IN TRI
(Other instructions
verse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-1-13
Expires August 31, 1985

195

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/>	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' FWL	5. LEASE DESIGNATION AND SERIAL NO. CA # NM 061P35-85C541	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Long Arroyo OD Com	9. WELL NO. 2	10. FIELD AND POOL, OR WILDCAT Springer Basin, Morrow	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Unit L, Sec. 14-T14S-R27E	12. COUNTY OR PARISH Chaves	13. STATE NM
14. PERMIT NO. API #30-005-61729	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3436.9' GR											

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) <u>Gas connected for sales</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

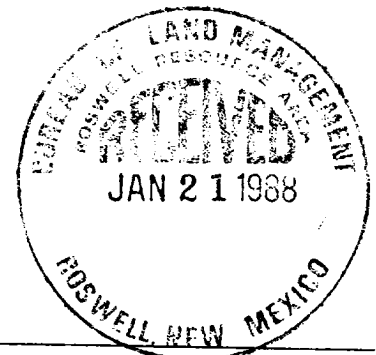
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well is communitized - Communitization no. NM 061P35-85C541

Well connected to pipeline for 1st sales 1-15-88.
Yates Petroleum Corporation - Transporter
Transwestern Pipeline Company - Purchaser

RECEIVED

JAN 20 11 15 AM '88
CARTER
ARL

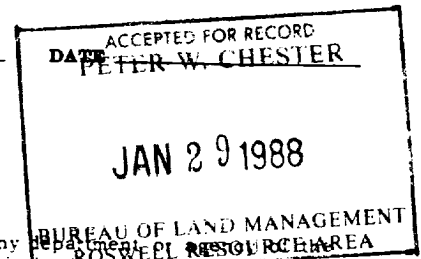


18. I hereby certify that the foregoing is true and correct

SIGNATURE [Signature] TITLE Production Supervisor DATE 1-15-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____



*See Instructions on Reverse Side