

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM Oil Cons. Commission  
SUBMIT IN TRIPLICATE\*  
Drawings on reverse side  
Artesia, NM 88210

Form approved.  
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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME Cities UO Federal
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
14. PERMIT NO. API #30-005-61898	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Unit H, Sec. 7-T5S-R25E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3901.8' 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Gas connected for sales	<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 CONNECTED TO PIPELINE FOR 1ST PRODUCTION AND SALES - 6-2-88.

TRANSWESTERN PIPELINE CO. - TRANSPORTER, PURCHASER.

RECEIVED  
JUN 3 8 01 AM '88  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

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

SIGNED [Signature] TITLE Production Supervisor

DATE 6-2-88

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD  
PETER W. CHESTER  
JUN 15 1988  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission Form approved.

Budget Bureau No. 1004-0135  
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SUBMIT IN TRIPLICATE  
Other instructions on re-  
verse side  
Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO

NM 15289

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cities UO Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT  
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Unit H, Sec. 7-T5S-R25E

12. COUNTY OR PARISH

Chaves

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See also space 17 below.)  
At surface

1980' FNL & 660' FEL

14. PERMIT NO.

API #30-005-61898

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3901.8' GR

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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

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ABANDONMENT\*

Gas connected for sales

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