

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

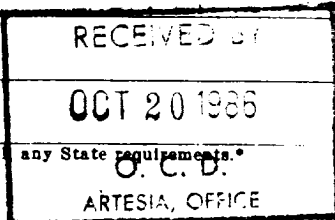
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

015F

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	2. NAME OF OPERATOR John A. Yates, Jr., Oil Operator	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  990' FNL & 960' FWL, Sec. 26-T10S-R25E	5. LEASE DESIGNATION AND SERIAL NO. NM 27909	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Comanche PQ Federal	9. WELL NO. 2-Y	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit D, Sec. 26-T10S-R25E	12. COUNTY OR PARISH Chaves	13. STATE NM
14. PERMIT NO. API #30-005-62312	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3767.5' GR											



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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Frac'd well</u>	<input checked="" type="checkbox"/>		<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.)\*

9-19-86. Frac'd perforations 4347-4358' w/10000 gals gelled 2% KCL plus CO<sub>2</sub> and 21000# 20/40 sand. Flowed back, recovering load.

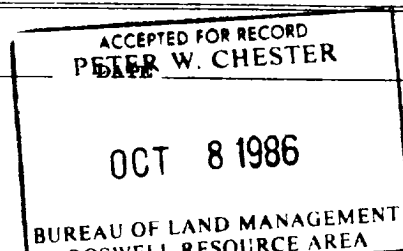


18. I hereby certify that the foregoing is true and correct

SIGNER Guadalupe Goddard TITLE Production Supervisor DATE 9-22-86

(This space for Federal or State office use)

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



\*See Instructions on Reverse Side

RECEIVED  
OCT 15 1986  
C-500  
HOBBS OFFICE