

Drawer DD

Artesia, NM 88210

UNITED STATES  
DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

CONTACT RECF G  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

45F  
BLM Roswell District  
Modified Form No.  
NM060-3160-4

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 ☐ GAS WELL ☐ OTHER P&A

2. NAME OF OPERATOR YATES PETROLEUM CORPORATION

3a. Area Code & Phone No. 505/748-1471

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  
1950' FSL & 1650' FWL, Sec. 11-T8S-R22E

5. LEASE DESIGNATION AND SERIAL NO. NM-36708

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Venture YV Federal

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Und. West Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit K, Sec. 11-8S-22E

12. COUNTY OR PARISH Chaves

13. STATE NM

RECEIVED

OCT 31 '89

O. C. D.

14. PERMIT NO. 30-005-62726

15. ELEVATIONS (Show whether DF, RT, GR, etc.) ARTESIA OFFICE 4063.2' 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 checked="" 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)	<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.)\*

Verbal permission obtained from Armando Lopez, BLM Roswell, NM, by Jim Krogman on 10-5-89 to plug well as follows:

Plug #1 2638' w/40 sx Class C.  
Plug #2 1600' w/75 sx Class C. Tag plug at 1498'.  
Plug #3 90' w/38 sx Class C.

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

SIGNED

*Armando Lopez*

TITLE

Production Supervisor

DATE

10-10-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
DATE

OCT 30 1989

\*See Instructions on Reverse Side