

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

NM-31947

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

JAN 09 1997

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

YATES PETROLEUM CORPORATION

(505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 2310' FWL of Section 19-T7S-R26E (Unit K, NESW)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Nickey RF Federal #3

9. API Well No.

30-005-63044

10. Field and Pool, or Exploratory Area

Pecos Slope Abo

11. County or Parish, State

Chaves Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Gas tie in point
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Gas is tied into pipeline at the Nickey RF Federal #2, located in the SWNW (Unit E) of Section 19-T7S-R26E, Chaves County, New Mexico.

DEC 16 8 32 AM '96

RECEIVED

RECEIVED
PETER W. CHESTER
JAN 8 1997
BUREAU OF LAND MANAGEMENT
NATIONAL RESOURCES AREA

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

Signed

[Signature]

Title

Operations Technician

Date

Dec. 11, 1996

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date