Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



District Office				•		
DISTRICT <u>I</u>	OIL CONSERVATION DIVISION			WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088			30-005-63318		
DISTRICT II	Santa Fe, New Mexico 87504 -2088			5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210				STATE 🔀 FEE 🗌		
DISTRICT III				6. State Oil &	Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410						
SU	NDRY NOTICES AND REPORT	S 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"				7. Lease Name or Unit Agreement Name Keno AWK State		
1. Type of Well:						
OIL GAS Well Well Well	OTHER					
2. Name of Operator YATES PETROLEUM CORPORATION	/			8. Well No.		
3. Address of Operator				9. Pool name	or Wildcat	
105 South Fourth Street Artesia, NM 88210				Foor Ranch Pre Permian/ Foor Ranch Wolfcamp		
4. Well Location Unit Letter	980 Feet From The South	Line and	1980	Feet From The	East	Line
Section 4	Township 10S	Range 26E	NMPM	C	Chaves	County
	37	98 GR				
11.	Check Appropriate Box to Indi	1	•			
NOTICE (OF INTENTION TO:	Si	UBSEQUE	NT REPO	RT OF:	
PERFORM REMEDIAL WORK 🔲	PLUG AND ABANDON 🗌	REMEDIAL WO	RK	ALTI	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DI	RILLING OPNS	. PLUG	AND ABANDONI	MENT
	_	CASING TEST A				_
PULL OR ALTER CASING	K-7	CASING TEST A	IND CENTERT 3	ОВ		
OTHER: Multiple Complete	<u>\</u>	OTHER:				
		•				
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	ntions (Clearly state all pertinent details, a	and give pertinent dates	s, including estin	nated date of sta	rting any propos	ed
Yates Petroleum Corporation pro	poses to multiple complete the Fo	or Ranch Wolfcan	np and the Fo	or Ranch Oi	dovician.	
A multiple completion form and s	unnautive meterial for the proper	ad multinla campl	ation is attacl	and		
A multiple completion form and s	apportive material for the propos	eu mumpie compo	etion is attaci	ieu.		
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I hereby certify that the information a	love is true and complete to the best of m	v knowledge and belief.				
1/6	1 - 12					
SIGNATURE AME WIF	TITLE Opera	tions Engineer	DATE	March 5, 200	11	
TYPE OR PRINT NAME James W.				TELEPHONE N	<u>o. 595-748-41</u>	82
(This space for State Use) ORIG	inal signed by tim W. Gum rict II supervisor			AUG 1	8 2001	
APPROVED BY	TITLE		DATE			
CONDITIONS OF APPROVAL, IF ANY:						