

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
DRAWER DD

SUBMIT IN TRIPPLICATE
(Other Instructions on Form 1004-0135)
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.
NM-39765

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.)

Artesia, NM 88210

RECEIVED BY

MAY 4 1984

O. C. D.

ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, BT, GS, etc.)

5957.6' GL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bonita "ZC" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 23-T3S-R14E

12. COUNTY OR PARISH

Lincoln

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING ☒

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

Change surface casing program from: 17 1/2" hole; 13 3/8" csg; 48# @300'
to: 14 3/4" hole; 10 3/4" csg; 40.5# @550'

Verbal approval from Armando Lopez.



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

SIGNED Peter W. Chester TITLE Regulatory Secretary

DATE 4/13/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD
PETER W. CHESTER

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY
MAY 3 1984

TITLE

DATE

*See Instructions on Reverse Side