

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

MISSION
GATE
MISSION

Budget Bureau No. 1004-0135
Expires August 31, 1985
C188

SUNDRY NOTICES AND REPORTS ON RECEIVED BY

(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 Yates Petroleum Corporation	3. ADDRESS OF OPERATOR 207 S. 4th, Artesia, New Mexico 88210	4. LOCATION OF WELL Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1980' FSL and 1980' FEL	5. PERMIT NO.	6. ELEVATIONS (Show whether DF, RT, GR, etc.) 5957.6' GL	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 SURVEY OR AREA Sec. 23-T3S-R14E	12. COUNTY OR PARISH Lincoln	13. STATE NM
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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 checked="" 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 type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

Change surface casing depth from: 700'
to: 300'

RECEIVED
APR 5 1984
OIL & GAS
ROSWELL, NEW MEXICO

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

SIGNED Peter W. Chester TITLE Regulatory Secretary DATE 4/5/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY PETER W. CHESTER TITLE Regulatory Secretary DATE 4/5/84
CONDITIONS OF APPROVAL, IF ANY:

MAY 16 1984

*See Instructions on Reverse Side