

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

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

95F

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>RECEIVED BY</b>  <b>JAN 24 1985</b>  <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>	5. LEASE DESIGNATION AND SERIAL NO.  NM 31496
2. NAME OF OPERATOR  Yates Petroleum Corporation ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR  207 South 4th St., Artesia, NM 88210			7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  890 FNL & 360 FEL, Sec. 10-T10S-R15E			8. FARM OR LEASE NAME  Munoz Canyon AAN Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)  6991' GR	9. WELL NO.  1
			10. FIELD AND POOL, OR WILDCAT  Wildcat
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Unit A, Sec. 10-10S-15E
			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:

SUBSEQUENT REPORT OF:

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" type="checkbox"/> Progress Report	

(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.)\*

TD 2800'; PBTD 635'.

12-29-84. SITP on vacuum. Cut off flange wellhead and install small wellhead.

Ran 18 jts 2-3/8" tubing (584'). Swabbed dry. No shows.

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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 1-3-85

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

JAN 17 1985

\*See Instructions on Reverse Side