| Formerly 9–331)  | UMTED STATES DEPARTM. IT OF THE INTE   | RIGHT WEET CATE TO THE TENT OF | Budget Bureau No. 1004-0135 Expires August 31, 1985  B. LEASE DESIGNATION AND SERIAL NO.                                  |
|--|--|--|---|
| 16 1985<br>SUNI  | BUREAU OF LAND MANAGEME  RY NOTICES AND REPORTS  orm for proposals to drill or to deepen or plu  | ON WELLS   | NM-37148  6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| (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.)  OIL GAS WELL GAS WELL OTHER |  |  | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR YATES PETROLEUM CORPORATION  |  |  | 8. FARM OR LEASE NAME Yardstick "AAV" Federal   |
| 3. ADDRESS OF OPERATOR 207 SOUTH FOURTH STREET, ARTESIA, NEW MEXICO 88210  |  |  | 9. WELL NO.   |
| 4. LOCATION OF WELL (Re<br>See also space 17 below<br>At surface   | eport location clearly and in accordance with a<br>w.)   | ny State requirements.•  | Wildcat — Wildcat  11. SBC., T., E., M., OR BLE. AND  |
| 1980' FNL and  | 1980' FWL  |  | Sec. 27-T4S-R19E  |
| 14. PERMIN NO.   | 11 SLEVATIONS (Show whether 4841' GL   | DF, RT, GR, etc.)  | 12. COUNTY OR PARISH 13. STATE Lincoln NM   |
| 16.  | Check Appropriate Box To Indicate  |  |   |
| TEST WATER SHUT-OF FRACTURE TREAT SHOOT OF ACIDIZE REPAIR WELL (Other)   | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS  COMPLETED OPERATIONS (Clearly state all pertivuell is directionally drilled, give subsurface by  | WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  (Note: Report results Completion or Recomple  | BRT REPORT OF:  BEPAIRING WELL  ALTERING CASING  ABANDONMENT*  of multiple completion on Well etion Report and Log form.) |
| Change casing 17 1/2" hole   | 13 3/8" casing 800' cir  | ce.  |   |
| 12 1/4" hole   | 8 5/8" casing 1200' cin  | CC.  | 19 3 1805   |
|  | the foregoing is true and correct  a. C. C. (245 TITLE I   | Regulatory secretary   | DATE 1/3/85   |
|  | ar on State office when  |  |   |
| APPROVED 18 08 OF APP  | L) PETER W. CHESTER PROVAL, IF ANY: 15 85  |  | DATE  |
|  | and the second s |  |   |

\*See Instructions on Reverse Side