

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLY
(Other Instructions
reverse side)

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

458

5. LEASE DESIGNATION AND SERIAL NO.

LC 067849

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hegwer

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Empire Yates Seven Rivers

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

Unit D, Sec. 35-17S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

John A. Yates, Jr. - Oil Operator

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 88210

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

360' FNL & 990' FWL, Sec. 35-17S-27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Change Operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

EFFECTIVE AUGUST 1, 1989 CHANGE OPERATOR FROM: George A. Denton
TO: John A. Yates, Jr.

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

SIGNATURE *John A. Yates, Jr.*

TITLE Production Supervisor

DATE 8-18-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side