

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE DATE
(Other Instructions
verse side)

Form approved
Budget Bureau No. 1004-01-0
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 36500

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cotton MX Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Unit C, Sec. 14-T19S-R25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

SEP 14 '88

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

O. C. D.

ARTESIA, OFFICE

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

At surface

810' FNL & 2180' FWL

14. PERMIT NO.

API #30-015-23315

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

3430' GR

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 COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Report 1st production since recompletion

(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.)*

9-3-88. Report of 1st oil and casinghead gas production since well was plugged back.

Will test well for potential and file recompletion report.

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

SIGNED

TITLE Production Supervisor

DATE 9-8-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS