

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

C/SF

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 GAS WELL OTHER

2. NAME OF OPERATOR
Yates Petroleum Corporation ✓

3. ADDRESS OF OPERATOR
105 South Fourth Street - Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FNL & 1980' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3588' GR

RECEIVED BY
SEP 22 1986
O.C.D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-0557142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ross EG Federal Com

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Und. N. Dagger Draw Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 19-T19S-R25E

12. COUNTY OR PARISH
Eddy

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Correct ground elevation

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) _____

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.)*

To correct the ground elevation to read as follows:

FROM: 3688' GR

TO: 3588' GR

18. I hereby certify that the foregoing is true and correct
SIGNED Rusty J. Jernigan TITLE Regulatory Secretary DATE Sept. 5, 1986
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
SEP 08 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO