

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
H. M. Motz, Instructor  
P. O. Box 1980  
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1001-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-03283

SUNDARY NOTICES AND REPORTS ON WELLS

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Drilling Company	8. FARM OR LEASE NAME Lillie M. Yates Federal
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, NM 88210	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1980' FSL & 632.3' FWL unit K	10. FIELD AND POOL, OR WILDCAT Allison Penn
11. PERMIT NO. 20-041-3-32-2	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-8S-37E
12. ELEVATIONS (Show whether DF, RT, GR, etc.) 4056'	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

NOTICE OF INTENTION TO:

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"/>	

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
(Other) Test Casing	

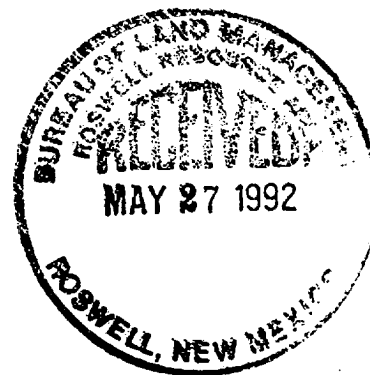
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

4-20-92 Notified Peter Chester, BLM-Roswell, NM office of intention to test casing.

4-22-92 Loaded 4½" casing with 11 barrels of fresh water. Pressured to 500 psi, lost 25 psi in 35 minutes. Test okay. See chart attached.

Request permission to temporarily abandon for one year.



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

SIGNED Karen Lustman

TITLE Production Clerk

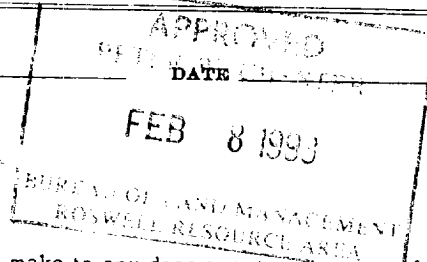
DATE 5-26-92

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

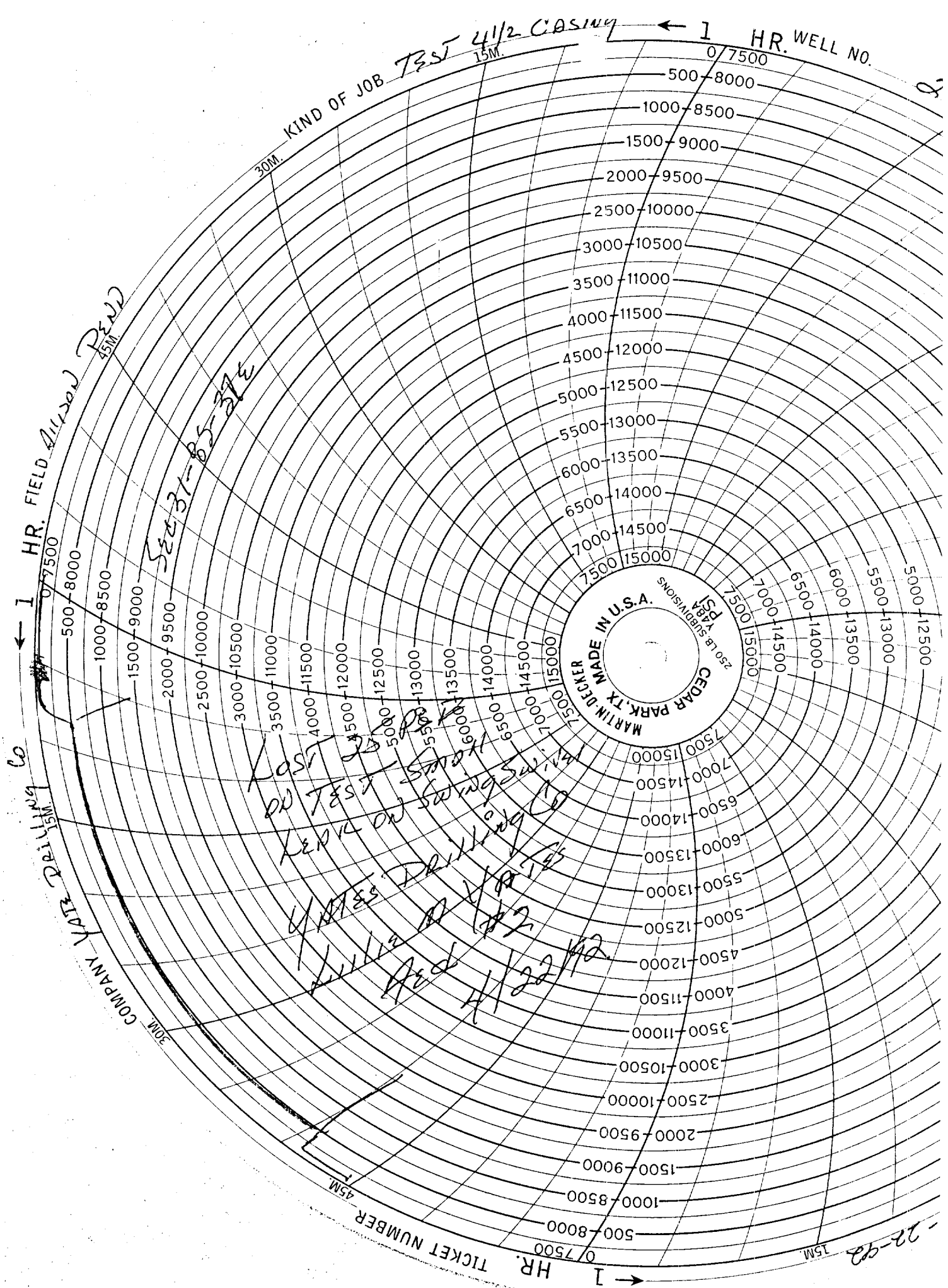
TITLE 12  
APPROVED FOR 12 MONTH PERIOD  
ENDING FEB 8 1994

\*See Instructions on Reverse Side



Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED  
FEB 12 1995  
OCD HOBBS 03



RECEIVED  
MAY 27 1991  
OCD HOSPITAL