

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL CONSERVATION COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

LEASE DESIGNATION AND SERIAL NO.

NM-03283

INDIAN ALLOTTEE OR TRIBE NAME

1. TYPE OF WELL  
OIL ☐ GAS ☒ OTHER ☐

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

105 South 4th Street, Artesia, N.M. 88210

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

1980' FSL & 623.3' FWL

5. WELL AGREEMENT NAME

6. FARM OR LEASE NAME

Lillie M. Yates Federal

7. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Allison Penn

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

Section 31-8S-37E

12. COUNTY OR PARISH; 13. STATE

Roosevelt

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER Casing

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLUG

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING Casing

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Casing Test

X

(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.\*

7-3-89 Notified BLM (Roswell) of intention to test casing by Mike Carter. TIH with 3 7/8" bit and 4 1/2" casing scraper. Drilled out salt bridges and circulated hole clean to 3114'.

7-5-89 Continue to clean out to 7080'. Circulate hole clean.

7-6-89 TIH with cement retainer and set at 7004'. Stung off retainer and tested to 1500 psig - held okay. Stung on retainer and pumped thru retainer. Pressure built quickly to 500 psig. Shut down pumps. Pressure bled to 490 psig in 5 minutes. Start pump and increase pressure to 1000 psig. Shut down pumps. Pressure bled to 800 psig in 13 minutes. Increased pressure to 1250 psig. Pressure bled to 1100 psig in 5 minutes. Could not squeeze below retainer. Stung off of retainer and spotted 20 sacks class "C" cement plus 2% CaCl<sub>2</sub>. Pulled above plug with tubing and WOC. Dressed top of plug at 6816'. TOH with tubing. Pressure test casing to 540 psig. Casing held for 30 minutes with no bleed off. (Dowell chart attached)

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

SIGNED

TITLE Engineer

DATE

7-21-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED

PETER W. CHESTER

AUG 11 1989

BUREAU OF LAND MANAGEMENT  
ROSSELL RESOURCE AREA

\*See Instructions on Reverse Side

YATES DRLG  
 Lillie M. Yates #2

PRESSURE TEST CASING - *Lillie M. Yates #2*  
 15:54 36 400 6.36 36.53 2.8  
 Q 2900 400 600 800 1000

SHUTDOWN

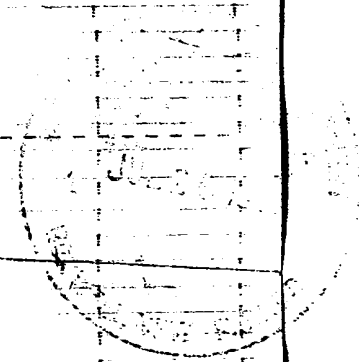
15:55 540 \*\*\* 0 572.3 2.1

~~16:00 36 400 6.36 36.53 2.1 BBL~~

16:15 2.1 BBL

30 min

HOLDING PRESSURE  
 16:28 550 \*\*\* 0 554.0 2.1  
 BLEED-OFF PRESSURE  
 16:28 510 \*\*\* 0 558.6 2.1



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-03283
2. NAME OF OPERATOR Yates Drilling Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, N.M. 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 623.3' FWL	8. FARM OR LEASE NAME Lillie M. Yates Federal
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4056'	10. FIELD AND POOL, OR WILDCAT Allison Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31-8S-37E
	12. COUNTY OR PARISH Roosevelt
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) *Test Casing Plug back for TA* ☒

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION (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.) \*

We propose to:

1. Trip in hole with bit and scraper to approximately 7000'.
  2. Trip in hole with packer and set at 7000'
  3. Pump into tubing to see if squeeze possible.
- (A)
4. Trip in hole with retainer and set at approximately 7000'
  5. Squeeze with a minimum of 50 sxs. of Class "C" cement and maximum of 150 sxs. Class "C" cement
  6. Sting off retainer and dump ~~three sxs.~~ <sup>35' minimum</sup> of cement
  7. Wait on cement
  8. Fill casing with water and test to ~~350~~ <sup>500</sup> psig for 30 min.
- (If unable to get to proper depth with retainer or if unable to squeeze)
- (B)
4. Trip in hole with tubing and spot ~~10 sxs.~~ <sup>170'</sup> plug Class "C" cement at approximately 7000'
  5. Pull above cement and wait on cement
  6. Tag cement and spot another plug, if necessary
  7. Fill casing with water and test to ~~350~~ <sup>500</sup> psig. for 30 min.

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

SIGNED Joby K. [Signature] TITLE Engineer DATE 6-7-89

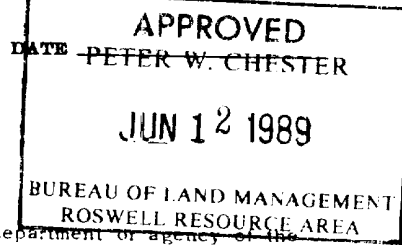
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*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.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL & GAS COMMISSION  
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-03283

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lillie M. Yates Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Allison Penn

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

Section 31-8S-37E

12. COUNTY OR PARISH 13. STATE

Roosevelt

N.M.

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Yates Drilling Company

ADDRESS OF OPERATOR

105 South 4th Street, Artesia, N.M. 88210

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

14. PERMIT NO.

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

4056' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

Other) Extend T.A. Status

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) ☐

(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, and 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.)

We have just completed workover/acidizing operations in the Lillie M. Yates #3 (Penn formation). We request permission to carry the #2 well in the temporarily abandon status, pending the results of the work on the #3 well. There is currently a dry, fenced workover pit on the #2 well location. We request permission to retain this pit until future workover operations are completed on the #2 well.

I hereby certify that the foregoing is true and correct

SIGNED

Karen J. Leishman

TITLE

Production Clerk

DATE

8-25-87

(Leave space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 6 MONTH PERIOD  
ENDING MAR 1 1988

\*See Instructions on Reverse Side

APPROVED  
PETER W. CHESTER

SEP 1 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

Section 1001, makes it a crime for any person knowingly and willfully to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 5100  
HOBBS, NEW MEXICO 86601

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

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		MAY 5 1986 ROSWELL, NEW MEXICO		5. LEASE DESIGNATION AND SERIAL NO. NM-03283	
NAME OF OPERATOR Yates Drilling Company				IF INDIAN, ALLOTTEE OR TRIBE NAME	
ADDRESS OF OPERATOR 207 South 4th Street, Artesia, New Mexico 88210				UNIT AGREEMENT NAME	
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				8. NAME OR LEASE NAME Lillie M. Yates Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4056'		WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Allison	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31-8S-37E	
				12. COUNTY OR PARISH Roosevelt	
				13. STATE N.M.	

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<input type="checkbox"/>
(Other) Evaluate San Andres		<input checked="" 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 type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.) \*

We propose to:

1. Set C.I. Retainer @ 7038' and squeeze w/ 185 sx. Class "C" cement.
2. Place 5 sxs. cement on top of retainer.
3. Run free point test in 4½" casing.
4. Shoot 4½" csg. off @ appr. 5500'.
5. Place cement plug 5500'-5550' in 4½" csg.
6. Place 15 sxs. cement on top 4½" stub in open hole.
7. Run open hole log across San Andres and evaluate.
8. If favorable, test.
9. If unfavorable place cement plug <sup>4225</sup>~~4075~~-4125' in open hole.
10. Place cement plug <sup>4225</sup>~~4075~~-4125' in 7 5/8" csg.
11. Place cement plug 2280'-2180' in 7 5/8" csg.
12. Place marker in 10 sxs. @ surface.
13. Abandon well.

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

SIGNED

*John J. Thornton*

TITLE Engineer

DATE 4-30-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED  
PETER W. CHESTER

MAY 7 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P. O. BOX 1980  
ROOSEVELT, NEW MEXICO 88430  
SUBMIT IN TRIPPLICATE  
(Indicate on which side to submit)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LAND DESIGNATION AND SERIAL NO. NM-03283
2. NAME OF OPERATOR Yates Drilling Company	6. OWNER, ALLOTTEE OR TRIBE NAME Allison
3. ADDRESS OF OPERATOR 207 South 4th Street, Artesia, New Mexico 88210	7. COUNTY OR PARISH Roosevelt
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	8. FARM OR LEASE NAME Allison
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4056'
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	17. STATE N.M.

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) Evaluation before P & A <input checked="" type="checkbox"/>	
(Other) _____			
(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 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.)			

3-3-86 Rig up pulling unit and reverse unit. Ran bit to 7205', could not circulate. Pulled to 2800' to circulate.

3-4-86 Lowered tubing and circulated each 10 joints to 7205'. Started circulating formation below 7088'. Tubing hung going in and out @ 7088'.

3-5-86 Ran GR, CCL & CBL. Log would not go past 4794'. 4 1/2" casing is collapsed with hole @ 7088'.

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

SIGNED

*John Phelan*

TITLE

Engineer

DATE

4-30-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER

MAY 7 1986

\*See Instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1000  
HOBBS, NEW MEXICO 88240

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

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

207 South 4th Street, Artesia, N.M. 88210

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

14. PERMIT NO.

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

4056'

5. LEASE DESIGNATION AND SERIAL NO.

NM-03283

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lillie M. Yates

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Allison Penn

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

Section 31-8S-37E

12. COUNTY OR PARISH

Roosevelt

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Inspect Csg. & Cmt. Prior to ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

1-24-86 WIH with wireline to inspect casing and find cement top. Could not get down due to salt build up in casing.

Propose to rig up pulling unit and reverse unit and clean well out to T.D. Then run casing inspection log and CBL prior to final decision to abandon.

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

SIGNED

TITLE Engineer

DATE 2-5-86

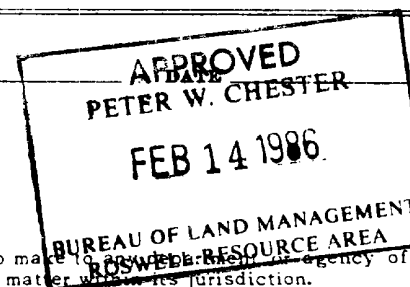
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYN. M. O. C. C. COPY  
SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

NM-03283

## 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 <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	
3. ADDRESS OF OPERATOR 207 So. 4th St., 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 and 632.3 FWL of Sec. 31-8S-37E		10. FIELD AND POOL, OR WILDCAT Allison Penn	
14. PERMIT NO.		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 31-8S-37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Roosevelt	
		13. STATE N.M.	

## 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\* Temp. ☒CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

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.)\*

Request extension of temporary abandonment status.  
Subject lease has potential for low deliverability San Andres  
gas production subject to gas price relief.

This approval of temporary abandonment expires OCT 1 1976

RECEIVED  
JUN 16 1976  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Peyton Yates*

TITLE Peyton Yates, Engineer

DATE 6-11-76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 23 1976

J. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side