

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPL
BOKER 988
Instructions
verse side)

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

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' FNL & 1924' FWL

14. PERMIT NO.

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

4062.4'

NM-03283

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lillie M. Yates

9. WELL NO.

3

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 PLANS

(Other)

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 perti-
nent to this work.) *

8-12-87 Acidized with 2000 gals. 15% HCL plus ball sealers through existing Allison
Penn perfs - 9640'-60'.
Put well back on production.

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

SIGNED

Karen J. Lischman

TITLE

Production Clerk

DATE

9-4-87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

SEP 9 1987

BUREAU OF LAND MANAGEMENT
WELL RESOURCE AREA

RECEIVED
SEP 14 1987
OCD
MOBBS OFFICE