

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

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

| SUNDRY NOTICES AND REPORTS ON WELLS   |  | 5. LEASE DESIGNATION AND SERIAL NO.                                  |  |
|---|--|--|--|
| (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.)          |  | NM-36489   |  |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                 |  |
| 2. NAME OF OPERATOR<br>Yates Petroleum Corporation  |  | 7. UNIT AGREEMENT NAME   |  |
| 3. ADDRESS OF OPERATOR<br>207 S. 4th, Artesia, New Mexico 88210   |  | 8. FARM OR LEASE NAME<br>Bluestem "ZL" Federal                       |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface 1650' FNL and 2310' FEL |  | 9. WELL NO.<br>1   |  |
| 14. PERMIT NO.  |  | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Bluitt Field                |  |
| 15. ELEVATIONS (Show whether by, ST, GR, etc.)<br>3976' GL  |  | 11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA<br>Sec. 20-T8S-R38E |  |
|   |  | 12. COUNTY OR PARISH<br>Roosevelt                                    |  |
|   |  | 13. STATE<br>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 <input type="checkbox"/> | PULL OR ALTER CASING <input checked="" 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 PLANS <input type="checkbox"/>                    | (Other) <input type="checkbox"/>               |  |

(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.) \*

Change surface casing depth from: 2150'  
to: 2340'

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

SIGNED Peter W. Chester TITLE Regulatory Secretary DATE 5/17/84

(This space for Federal or State agency use)

APPROVED BY PETER W. CHESTER TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1984

\*See Instructions on Reverse Side

RECEIVED BY  
MAY 21 1984  
O. C. D.  
ARTESIA, OFFICE

RECEIVED  
MAY 28 1984  
O.C.D.  
HOBBS OFFICE