

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. CHARTERED BY STATE OF N.M.
P.O. BOX 1080
HOBBS, NEW MEXICO 88240

Form approved:
Bureau Person No. 1001-001-01
Expires August 31, 1978

5. LEASE, PERMIT, OR OTHER AUTHORITY NO.

NM-57700

6. IF OTHER, ALLOTTEE OR OTHER NAME

SUMMARY 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 "A" for such proposals.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

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

330' FSL & 990' FEL, Sec. 22-T7S-R35E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Crossroads AFX Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat pool

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

Unit P, Sec. 22-T7S-R35E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

14. PERMIT NO.
API #30-041-20841

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

4194.6' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

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.) *

AMENDED REPORT

FIRST OIL PRODUCTION 2-13-89 (not 2-13-88 as shown on report dated 2-17-89.)

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

SIGNED *John A. Carter*

TITLE Production Supervisor

DATE 2-23-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

FOR THE BUREAU
FLANK & CRESSER
DATE

MAR 14 1988

BUREAU OF LAND MANAGEMENT
KOSWILL RESOURCES AREA

*See Instructions on Reverse Side