

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P.O. BOX 1004
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO
NM 0558018

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Union SI Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Tomahawk SA

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

Unit D, Sec. 1-8S-31E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

(505) 748-1471

3. ADDRESS OF OPERATOR

105 So. 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

660' FNL, 660' FWL, Sec. 1-T8S-R31E

14. PERMIT NO.

30-005-20490

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

4379' GR

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*

CHANGE PLANS

Request permission to vent casinghead gas X

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. (List 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 permission to vent casinghead gas. Cities Service/Oxy pulled meter off well due to gas volume being TSTM. Well produces approximately 10 - 20 BOPM.

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

SIGNED

TITLE Production Supervisor

DATE 12-12-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE DEC 21 1989
APPROVED
PETER W. CHESTER

*See Instructions on Reverse Side