5. LEASE

Artesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES D

EPARTMENT	OF	THE	INTERIOR
GEOLOGICAL SU			RVEY

DEPARTMENT OF THE INTERIOR	NM-0558018	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
CUMPRY NOTICES AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
(Do not use this form for proposals to drill or to deep 1 1 place as to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	
1. oil 1991 gas	Union "SI" Federal	
well well other O. C. D.	9. WELL NO.	
2. NAME OF OPERATOR ARTESIA, OFFICE	7	
Yates Petroleum Corporation	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Undes. Tomahawk SA	
207 S. 4th, Artesia, New Mexico 88210		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
below.) AT SURFACE: 1650! FNT and 2310! FWT	Sec. 1-T8S-R31E	
AT SURFACE: 1650' FNL and 2310' FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE	
AT TOTAL DEPTH:	Chaves NM	
same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	
REPORT, OR OTHER DATA		
,,	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	4384.3' GL	
TEST WATER SHUT-OFF		
FRACTURE TREAT		
SHOOT OR ACIDIZE		
PULL OR ALTER CASING 🕅	(NOTE: Report results of multiple completion or zone change on Form 9-330.)	
MULTIPLE COMPLETE	change on Form 9-330.)	
CHANGE ZONES		
ABANDON*		
(other)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	irectionally drilled give subsurface locations and	
Change casing program from: 9 1/2" h	ole-7" casing-20# 0 1700!	
	ole-4 1/2" csg-9.5# to TD.	
0 1/2 1	Ole 1 1/2 Clg 9.5π CO 1D.	
ানীর নির্ভাগনিক্তির to: 12 1/4" h	ole- 8 5/8" casing-24# @1700'	
	ole- 4 1/2" casing-9.5# to TD	
	010 . 1, 1 odding 9.3 " 00 12	
世 30H 1 G 1982 世		
GRES GAS J.S. GEOLOGICAL SURVEY ROSWELL, NOW MEXICO		
Subsurface Safety Valve: Manu. and Type		
18. I hereby certify that the foregoing is true and correct		

SIGNED ALTER REGulatory Secy 6/17/82 Orig. Sgd.) GEORGE H. STEW ART space for Federal or State office use) APPROVED BY ________ 1111 0 1 1082 CONDITIONS OF APPROVAL, IF XNY ____ DATE _ ___ JAMES A. CILLHAM DISTRICT SUPERVISOR

*See Instructions on Reverse Side