

N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Convert to SWD	5. LEASE DESIGNATION AND SERIAL NO NM 31211
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL & 330 FEL, Sec. 10-T8S-R33E	8. FARM OR LEASE NAME Sun UW Federal
14. PERMIT NO. API #30-005-20925	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4367.6' GR	10. FIELD AND POOL, OR WILDCAT Chaveroo SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 10-T8S-R33E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

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 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"/>	(Other) <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert to SWD	<input checked="" type="checkbox"/> X		

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.)*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Propose to pull pump and rods. Pull tubing, run plastic coated tubing and packer and inject into existing perforations at 4058-4199' and 4219-4308'.

as per phone conversation
on 9/15/86 with Eddie Mafood:
Only lease water will be
injected.
They have NMOC approval;
case 8883, order no. R-8271
approved 8/8/86
F. J. Chester



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

SIGNED F. J. Chester TITLE Production Supervisor

DATE 9-8-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

