

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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 TA	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 207 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. 10-8S-33E	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporarily Abandon	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)*

Request permission to temporarily abandon this well.
The well is uneconomical to operate.



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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 4-14-86
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING 4/18/87
*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

APR 18 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA