

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 18503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Center XI Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Tomahawk SA

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

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

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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 ☒ GAS WELL ☐ OTHER TA

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 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

330 FSL & 330 FWL, Sec. 1-T8S-R31E

14. PERMIT NO.

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

4394' 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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporarily Abandon

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 (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.)\*

Well has been temporarily abandoned. The well is non-commercial at this time.

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

SIGNED

(This space for Federal or State use only)  
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE Production Supervisor

DATE 11-28-84

TITLE

DATE

APPROVED FOR 12 MONTH PERIOD  
ENDING 1/18/86

JAN 18 1985

\*See Instructions on Reverse Side

RECEIVED BY  
JAN 24 1985  
O. C. D.  
ARTESIA OFFICE

RECEIVED  
JAN 29 1985  
O.C.D.  
HOBBS OFFICE