

NM OIL CONS. COMMISSION
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Yates Drilling Company</p> <p>3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL & 990 FWL, Sec. 34-T12S-R31E</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4222' GR</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM 0256521</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Burkitt Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL OR WILDCAT Southeast Chaves Queen Gas Area</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E, Sec. 34-12S-31E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE NM</p>
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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) Well status report ☒

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.)*

5-29-84. Release packer and POOH. Ran 84 jts 2-3/8" tubing. SN @2732'.
Set pumping equipment.

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

SIGNED Pamela Doolittle

TITLE Production Supervisor

DATE 5-31-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL

TITLE

DATE

JUN 4 1984

*See Instructions on Reverse Side

RECEIVED BY

JUN 05 1984

O. C. D.
ARTESIA, OFFICE

RECEIVED

JUN 11 1984

O.C.D.
HOBBS OFFICE