

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. CH. COM. COMMISSION
SUBMIT IN TRIPLICATE
P.O. BOX 1980
HOBBS, NEW MEXICO 240

Budget Bureau No. 1004-0125
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0256521
2. NAME OF OPERATOR Yates Drilling Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, N.M.	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 (Battery 1980' FSL & 660' FWL) Location	8. FARM OR LEASE NAME Burkitt Federal
	9. WELL NO. Battery
	10. FIELD AND POOL, OR WILDCAT S.E. Chaves Qn Gas Area
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Assoc. Section 34-12S-31E
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	

16. 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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

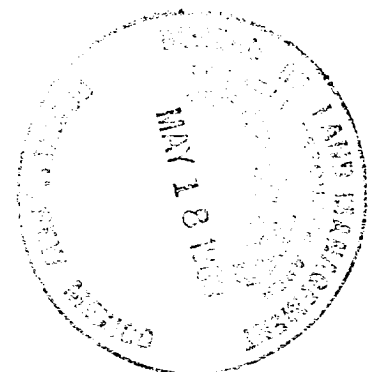
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> off lease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

(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.*

The location for the #1 Burkitt Federal is inaccessible to purchaser transport trucks. The closest, most convenient location was the the sight of the #1 DeLuna Federal location. We request permission for off lease sales of crude oil for the Burkitt Federal #1 and #2, located 1980' FSL & 660' FWL Section 34-12S-31E.

be at



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

SIGNED Loren J. Lushman TITLE Production Clerk DATE 5-11-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

