

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM Oil Cons. Commission
SUBMIT IN TRIP!
Other Instructions
Reverse Side

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 81259

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Vest Ranch RE Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Queen

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

Unit J -

Sec. 21-14S-30E, NMPM

12. COUNTY OR PARISH 13. STATE

Chaves

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

(505) 748-1111

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.)
At surface

1650' FSL & 1650' FEL, Sec. 21-T14S-R30E

14. PERMIT NO.

API 30-005-21086

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

3874.6' 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) REPORT 1ST PRODUCTION

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.) *

REPORT 1ST OIL PRODUCTION 10-24-89.

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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 10-25-89

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

