

UNITED STATES NM 011 Cons. Commis
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO

NM 81259

6. IF INDIAN, ALLOTTEE OR THIRTE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Vest Ranch RE Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Queen

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

Unit J -

Sec. 21-T14S-R30E

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 ☐

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

105 South 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

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

14. PERMIT NO.

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Spud well

(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.) *

Spudded 2:00 PM 8-24-89. Notified BLM, Roswell, NM, of spud.
Drilling with cable tool.

9-1-89. Drilling 418' sand.

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

SIGNED

TITLE Production Supervisor

DATE 9-1-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

SEP 5 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side