

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO  
JAN 1980  
SUBMIT IN TRIPLICATE  
COPIES ON REVERSE SIDE

Form approved.  
Budget Bureau No. 1004-0135  
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"/> Plugback		5. LEASE DESIGNATION AND SERIAL NO. NM 38469	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		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 330 FSL & 1650 FEL, Sec. 30-T23S-R34E		8. FARM OR LEASE NAME Kestrel ABE Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GR		10. FIELD AND POOL, OR WILDCAT Und. Bell Lake Bone Springs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 30-T23S-R34E	
		12. COUNTY OR PARISH Lea	13. STATE NM

18. 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) Plugback	X

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) _____	
(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.)\*

Propose to permanently plugback by setting a CIBP at 9900' capped w/35' of cement.

Verbal approval given by Peter Chester, BLM Roswell, on 4-23-85.

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

SIGNED Pamela Goodlett TITLE Production Supervisor DATE 4-25-85

(This space for Federal or State office use)

APPROVED BY Peter Chester TITLE BLM Roswell DATE 5-20-85  
CONDITIONS OF APPROVAL, IF ANY: CP

\*See Instructions on Reverse Side

RECEIVED

MAY 29 1955

MOSEL