

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 38468
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 660 FSL & 660 FEL, Sec. 19-T23S-R34E		8. FARM OR LEASE NAME Lark ABU Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3570' GR		10. FIELD AND POOL, OR WILDCAT Unders. Bell Lake Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 19-23S-34E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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) <u>Drilling w/cable tools</u> <input checked="" type="checkbox"/>	

(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.) \*

2-1-85. Drilling 20' sand and caliche. Drilling with cable tool.  
2-2-85. Drilling 25'. Made 5'. Drilling 17" hole with cable tool.  
2-4-85. Drilling 31'. Made 6'.  
2-5-85. Drilling 36'. Made 5'.  
2-6-85. Drilling 41' sandy shale. Made 5'.  
2-7-85. Drilling 47' shale. Made 6'.  
2-8-85. Drilling 52' shale. Made 5'.  
2-9-85. Drilling 57' shale. Made 5'.  
2-12-85. Drilling 63' shale. Made 6'.  
2-13-85. Drilling 68' red shale. Made 5'.

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

SIGNED Guante Dadditt

TITLE Production Supervisor

DATE 2-14-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 15 1985

\*See Instructions on Reverse Side

RECEIVED

FEB 18 1983

O.C.D.  
HOBBS OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE  
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reverse side)

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

BUREAU OF LAND MANAGEMENT

HOBBS, NEW MEXICO 88240

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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"/>		<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 checked="" type="checkbox"/>
(Other) Spud Well	<input type="checkbox"/>		

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

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Spudded 17-1/4" hole 8:00 AM 1-31-85 with Abbott Brothers Cable tool.  
Notified Maxine Menefee of BLM, Hobbs, NM.

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

SIGNED Juanita Dooden TITLE Production Supervisor DATE 2-1-85

(This space for Federal or State office use)

APPROVED BY ACCEPSED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

FEB 15 1985

\*See Instructions on Reverse Side



RECEIVED

FEB 18 1985

CCB  
POLICE OFFICE