

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NMO60-3160-4

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different zone.  
Use "APPLICATION FOR PERMIT-" for such proposals.)

**N.M. OIL CONS. COMMISSION**  
**P.O. BOX 1980**  
**HOBBS, NEW MEXICO 88240**

5. LEASE DESIGNATION AND SERIAL NO.

LC-055262 NM-25742

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

RHODES YATES COOP FD. COM-4

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

RHODES YATES SEVEN RIVERS

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

SEC. 21, T-26-S, R-37-E

14. PERMIT NO.

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

GR-2969'

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) REVISED PRORATION UNIT

<input checked="" type="checkbox"/>
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.)\*

ATTACHED IS FORM C-102 SHOWING THE REVISED 40 ACRE PRORATION. THIS PRORATION UNIT WAS CHANGED AT THE REQUEST OF DONNA PITZER WITH THE N.M.O.C.D.

*J. Lora*

RECEIVED  
OCT 9 1989  
BLM

RECEIVED

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

SIGNED

C. P. Basham / cwp

TITLE

DRILLING OPERATIONS MANAGER

DATE

03-08-94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side