

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse 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"/>	7. UNIT AGREEMENT NAME Paduca Unit
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 207 South 4th Street, Artesia, New Mexico 88210	9. WELL NO. 2
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 990' FEL	10. FIELD AND POOL, OR WILDCAT EX. Paduca Delaware
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23-T25S-R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3441' GL	12. COUNTY OR PARISH Lea
	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

Change casing plan from: 12 1/4"; 9 5/8" csg., 36# K-55, @ 1000', 600 sx circ.
7 7/8"; 5 1/2" csg., 14# K-55, TD, 200 sx

TO: 12 1/4", 8 5/8" csg., 24# J-55, @ 850', 500 sx circ.
7 7/8", 5 1/2" csg., 15.5# J-55, TD, 200 sx

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

SIGNED Cy Cowan TITLE Regulatory Agent DATE 11/16/84
By: Tom Scott
(This space for Federal or State office use)
APPROVED BY [Signature] TITLE [Signature] DATE 11-20-84
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side