

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"/>	<div>RECEIVED BY MAY 11 1987 C. C. D.</div>	5. LEASE DESIGNATION AND SERIAL NO. NM-15680
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South Fourth Street - 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 2310' FNL and 1650' FWL		8. FARM OR LEASE NAME Paduca Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3454' GR	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Paduca Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 14-T25S-R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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) Request Extension for APD <input checked="" 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) <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.) \*

We respectfully request a one-year extension on the Application for Permit to Drill that will expire on May 14, 1987.

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

SIGNED Linda S. C. [Signature]

TITLE Regulatory Secretary

DATE May 6, 1987

(This space for Federal or State office use)

Orig. Sgd. Linda S. C. [Signature]

APPROVED BY Acting Area Manager

TITLE

DATE

5-7-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
MAY 14 1967  
OCD  
HOBBS OFFICE