NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING		SUBS	EEPAIRING W	FELL	
·	opropriate Box To Indicate 1				
API #30-045-20833	6963'		Sandoval	NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH	-	
Bottom: Same			Unit M, Sec. 2		
Surface: 970' FSL, 760' FWL (SWSW)			11. SEC., T., R., M., OR BLE. AND SURVEY OR ARBA NMPM		
See also space 17 below.) At surface		Undesignated Gallup			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			10. FIELD AND POOL, OF	10. FIELD AND POOL, OR WILDCAT	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210			1		
TATES TETROLISM GORGOUSTES			9. WELL NO.	Kite Federal	
2. NAME OF OPERATOR VATES DETROLEUM CORPORATION (505) 748-1471			- th		
OIL X GAS WELL OTHER			N/A 8. FARM OR LEASE NAM		
1.			1	7. UNIT AGREEMENT NAME	
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.)			N/A		
BUREA	U OF LAND MANAGEMEN	T	NM 81638	OR TRIBE NAME	
(November 1983) (Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other Wattruster) (Other Wattruster)		IOR (Other Instructions on verse side)	5. LEASE DESIGNATION	AND SERIAL NO	
Ferm 3160-5	ONITED SINIES (Orbor	SUBMIT IN TRIPLICAT			

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.) •

SHOOTING OR ACIDIZING

(Other)

ABANDON MENT

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

Ralph Sloan, Consultant for Yates Petroleum Corporation, received verbal permission 2-12-90 from Steve Mason, BLM, Farmington, NM, to delete annular preventer of BOP stack provided for in NTL-6 for this well.

MULTIPLE COMPLETE

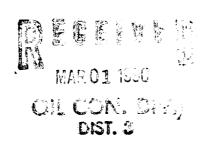
ABANDON*

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)



		APPROVED	
18. I hereby certify that the foregoing is true and correct SIGNED Concla Doublet	TITLE Production Superv	VIIIOAFO	
(This space for Federal or State office use)	TITLE	FEB 6 1990	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		ology, BLM(4T+2 fordOCD) FOR AREA MANAGER	
€ *Se	を Instructions on Reverse Side	FOR' AREA MANAGER FARMINGTON RESOURCE AREA	