

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

FORM APPROVED  
 Budget Bureau No. 1004-0135  
 Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
 Use "APPLICATION FOR PERMIT -" for such proposals

5. Lease Designation and Serial No.

**NM-13956**

6. If Indian, Allotted or Tribe Name

2001 APR 13 PM 1:15

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Well       Gas Well       Other

2. Name of Operator

**Yates Petroleum Corporation**

3. Address and Telephone No.

**P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821**

Location of Well (Footage, Sec., T., R., M., or Survey Description)

**980' FNL & 1850' FEL**

**Sec. 8, T23N, R10W**

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**Kimbeta "R.G." Federal 1**

9. API Well No.

**30-045-25087**

10. Field and Pool, or Exploratory Area

**Und. Gallup**

11. County or Parish, State

**San Juan, NM**

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Returned to Production</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)

Well Placed on Production      Time 11:00 AM      Date March 28, 2001

Type of Production      Crude Oil XX      Crude Oil & Casinghead Gas \_\_\_\_\_

   Natural Gas \_\_\_\_\_      Natural Gas & Entrained Liquid Hydrocarbons \_\_\_\_\_

Communitization Agreement Number \_\_\_\_\_

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

Signed LeAnna Hanhardt Title Production Acctg. Supervisor Date 4/12/01

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

**CERTIFIED RECORD**  
 APR 16 2001  
 OFFICE