Form 3160-5 lovember 1983) Formerly 9-331)

UNITED STATES SUBMIT IN TRIPLICATES Other Instructions on reverse side)

Form approved. Badget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

BUREAU OF	LAND MANAGEMENT

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.

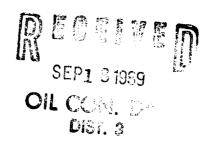
NM-36949 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	Use "APPLICA"	CION FOR PERMIT—" for such proposals.)	′ –			
	OIL GAB		7. UNIT AGREEMENT NAM	r		
	WELL X WELL OTHER					
2.	NAME OF OPERATOR		8. FARM OR LEASE NAME			
	Yates Drilling Compan	у	Hurricane Fed	eral		
3.	ADDRESS OF OPERATOR		9. WELL NO.			
	105 South 4th Street,	Artesia, N.M.	1			
1.	LOCATION OF WELL (Report location cle See also space 17 below.) At surface	arly and in accordance with any State requirements.	Wildcat-Gall			
	400' FNL & 900' F		11. SEC., T., B., M., OR BLK. AND			
14,	, PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 24-23N-9W.	N.M.P.M.		
		6758' KB	San Juan	N.M		
16.	Check Ap	propriate Box To Indicate Nature of Notice, Report	, or Other Data			

NOTICE OF INTENTION TO:			nuberquant befort of;					
	[]		· —		1	r1	r	
TEST WATER SHUT-OFF		PULL OR ALTER CASING			WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ARANDON*			SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS			(Other) First Pr	odu	iction	X
(Other)							of multiple completion on Well tion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting an, proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and gones pertinent to this work.) *

Date of first production from this well was 8-31-89.



18. I hereby certify that the foregoing in true and SIGNED TAPPA J. KUMMO	correct TITLE Production Clerk	ратв 9-13-89
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

MMOON

*See Instructions on Reverse Side