

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-10472

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other REVERSE RECOMPLETION PROCEDURE.

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

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

Unit G, 1980' FNL, 1980' FEL, Sec. 6-T23S-R33E

8. Well Name and No.

Pronghorn AHO Federal #1

9. API Well No.

30-025-26496

10. Field and Pool, or Exploratory Area

Undesignated

11. County or Parish, State

Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 type="checkbox"/> Other _____
	<input checked="" 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.)*

Pronghorn Unit #1 well name changed to Pronghorn AHO Federal #1, effective 3-10-92.
See copy of approved application to recomplete well approved by BLM 11/7/91.
Propose to revise application as follows: Plan to swab/evaluate Bone Spring 9921-39' and 10003-50'. If evaluation is encouraging, will frac Bone Spring 9921-10005' and test. If Bone Spring non-productive, will plug back and test Delaware 8746-57', 8673-78' and 8157-59'. If Bone Spring marginally productive, will test Delaware and make application to commingle the Bone Spring and Delaware Sand.

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

[Signature]

Title Production Supervisor

Date 5-14-92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

Date 5-29-92