

Lease/Deck	A/R	Owner	Owner's Name	Interest
<u>OXY399</u>	<u>OXY</u>	<u>YATES</u>	<u>FED 14 #12</u>	
OXY399	1200	AMA760	AMARCO OIL CORP	0.20500000
OXY399	1200	BAR760	BARNES*ROGER E	0.00500000
OXY399	1200	BOG110	BOGART*MICHAEL S	0.00500000
OXY399	1200	LER960	LERWICK I LTD	0.10000000
OXY399	1200	NEW590	NEWMAN*MICHAEL D	0.00500000
OXY399	1200	OLI950	OLIVE PETROLEUM	0.05000000
OXY399	1200	PET760	PETRAITIS OIL & GAS INC	0.10000000
OXY399	1200	POR810	PORTER*WILLIAM L	0.00500000
OXY399	1200	PRI610	PRINTZ LTD	0.10000000
OXY399	1200	SCH570	SCHLAGAL BROTHERS	0.10000000
OXY399	1200	SES630	SES OIL & GAS INC	0.19500000
OXY399	1200	SMI810	SMITH*L CHRISTOPHER	0.00500000
OXY399	1200	SNY250	SNYDER*MARCUS	0.02000000
OXY399	1200	STA760	STARCK FAMILY LTD	0.10000000
OXY399	1200	WAR760	WARRICK*JEANNETTE C	0.00500000
OXY399	OXY	YATES	FED	*TOTAL* 1.00000000

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137
Expires: February 28, 1995

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM6856	
1b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. GENVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR E.G.L. RESOURCES INC		7. UNIT AGREEMENT NAME 23909	
3. ADDRESS AND TELEPHONE NO. P.O. BOX 10886, MIDLAND, TX 79702		8. FARM OR LEASE NAME, WELL NO. OXY YATES 14 FED #12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FNL, 1650' FEL At top prod. interval reported below same At total depth same		9. API WELL NO. 30-015-30803	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT RUSSELL YATES	
15. DATE SPUDDED 1/2/00		11. SEC. T. R., N., OR BLOCK AND SURVEY OR AREA SEC 14, T20S R28E	
16. DATE T.D. REACHED 1-7-00		12. COUNTY OR PARISH EDDY	
17. DATE COMPL. (Ready to prod.) 1/7/00		13. STATE NM	
18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 3242 GL		19. SLEV. CASINGHEAD 3242	
20. TOTAL DEPTH, MD & TVD 932'		21. PLUG, BACK T.D., MD & TVD 932'	
22. IF MULTIPLE COMPL. HOW MANY* _____		23. INTERVALS DRILLED BY ROTARY TOOLS ALL CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 743' - 932' Yates			25. WAS DIRECTIONAL SURVEY MADE YES
26. TYPE ELECTRIC AND OTHER LOGS RUN NONE			27. WAS WELL CORED NO
28. CASING RECORD (Report all strings set in well)			
CASING SIZE/GRADE 7" K55	WEIGHT, LB./FT. 23#	DEPTH SET (MD) 743'	HOLE SIZE 8 3/4"
		TOP OF CEMENT, CEMENTING RECORD 525' sx Class C, Circ	
		AMOUNT PULLED _____	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SCREEN (MD)
			30. TUBING RECORD
SIZE	TOP (MD)	BOTTOM (MD)	PACKER SET (MD)
2 3/8		768'	
31. PERFORATION RECORD (Interval, size and number) OH 743-932		32. ACID, SHOT, FRACTURE CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD) _____	
		KIND OF MATERIAL USED _____	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ACCEPTED FOR REWARD <i>David P. [Signature]</i> JAN 1 2000 </div>	
33. PRODUCTION			
DATE FIRST PRODUCTION 1/7/00	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) FLOWING		WELL STATUS (Producing or shut-in) SI WOP
DATE OF TEST 1/7/00	HOURS TESTED 1	CHOKES SIZE 3/8	PROD'N. FOR TEST PERIOD OIL—BBL. .25 GAS—MCF. 8 WATER—BBL. 0 GAS-OIL RATIO 32000
FLOW. TUBING PRESS. 49	CASING PRESSURE 55	CALCULATED 24-HOUR RATE 5	OIL—BBL. 192 GAS—MCF. 0 WATER—BBL. 0 OIL GRAVITY-API (CORR.) 34
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented			TEST WITNESSED BY John Starck
35. LIST OF ATTACHMENTS NONE			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>[Signature]</i>		TITLE <i>Op Engineer</i>	DATE <i>1/12/00</i>

*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
	0	42	CALICHE
	42	85	REDBED & SAND
	85	280	REDBED
	280	420	REDBED & ANHYDRITE
	420	570	SALT
	570	745	ANHYDRITE & DOLOMITE
	745	930	SAND & DOLOMITE

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
SALADO	420	420
TANSILL	570	570
YATES	745	745

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. NM 6856
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No. 23909
8. Well Name and No. OXY YATES 14 FED #12
9. API Well No. 30-015-30803
10. Field and Pool, or Exploratory Area RUSSELL YATES
11. County or Parish, State EDDY, NM

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

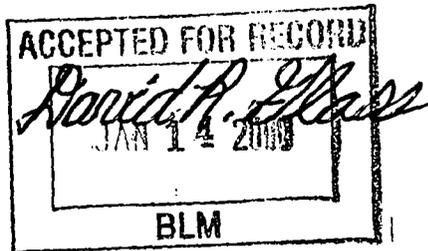
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator E.G.I., RESOURCES INC	
3a. Address P.O. BOX 10886, MIDLAND, TX 79702	3b. Phone No. (include area code) 915-687-6560
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650 FNL 1650 FEL SEC 14, T20S R28E	

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>NEW WELL</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

SEE ATTACHMENT A



14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) Darren Aritz	Title Secretary Op Engineer
Signature <i>[Signature]</i>	Date 1/12/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

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.

ATTACHMENT A

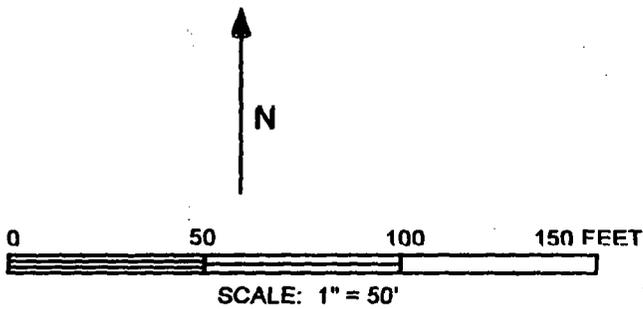
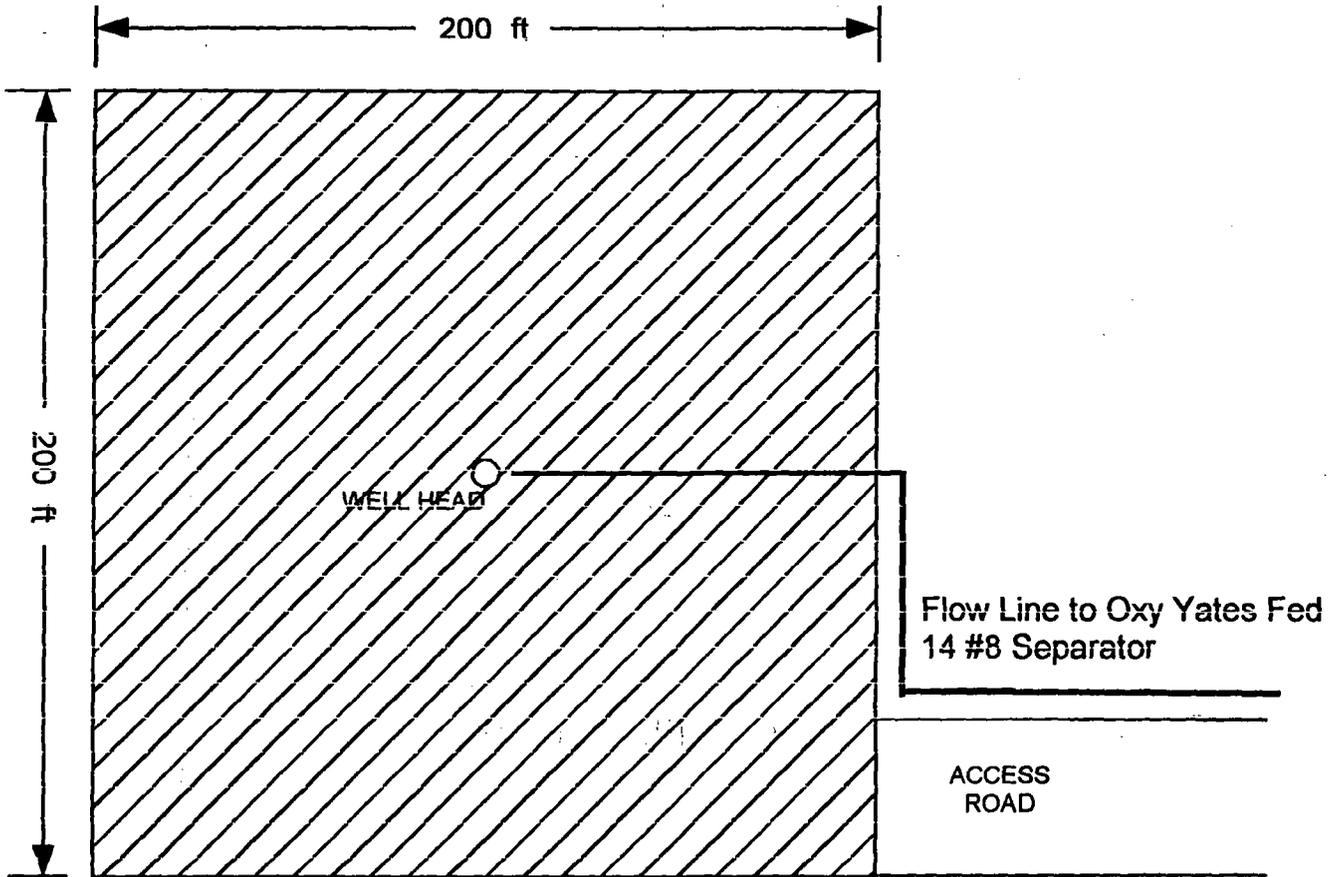
Oxy Yates Federal 14 #12
E.G.L. RESOURCES INC
Sec. 14, T-20-S, R-28-E
Eddy County, NM

12/31/99TD Rig up United rig #7 SD for 1st.

1/2/00 TD 743' Drill to 743' w 8 3/4" bit. POH and LD DP & DC. Ran 20 jts 7" K55 23# Rng 3, Wash & turn to get casing down. Dowell cmt csg w/525 sx class C cmt. (400 sx primary & 125 sx 1") Cement to surf. Jim Amos w/ BLM present for cementing.

1/7/00 TD 932' Run 6 1/8" Smith bit on 16 DC. Test BOP. OK. Drill to 932'. POH w/ tbg, DC & bit. RIH w/ 25 jts 2 3/8" tbg, flange well up.

WELL SITE PLAT
OXY YATES FED 14 #12



<i>E.G.L. RESOURCES INC</i>	
WELL SITE LAYOUT	
OXY YATES FED 14 #12 1650' FNL, 1650' FEL 20S 28E SEC 14	
DATE: 1/11/00	BY: DARREN PRINTZ