

Form 3160-5
(November 1983)
(Formerly 9-331)

NM Oil Cons. Commission
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO
CA #NM-061P35-84C423
6. IF INDIAN, ALLOTTEE OR TRIBE 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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Yates Petroleum Corporation</p> <p>3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & FEL</p> <p>14. PERMIT NO. API #30-005-61960</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Sacra SA Com</p> <p>9. WELL NO. 7-Z</p> <p>10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 22-T6S-R25E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3787.6' GR</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Gas connected for sales	(Other) <input checked="" type="checkbox"/>

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

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.)*

WELL IS COMMUNITIZED - CA #NM-061P35-84C423.

WELL CONNECTED TO PIPELINE FOR 1ST PRODUCTION & SALES - 5-24-88.

TRANSWESTERN PIPELINE COMPANY - TRANSPORTER, PURCHASER.

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 5-24-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
JUN 15 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA