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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Conservation Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED *CISF*
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

SUBMIT IN TRIPLICATE

Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator
John Yates Jr (505) 748-1471

Address and Telephone No.
P O Box 853

Location of Well (Footage, Sec., T., R., M., or Survey Description)
T 10S R 25E M NMP Sec 26 NWN
990 FNL & 660 FNL

5. Lease Designation and Serial No.
NMNM 27909

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Comanche PQ Fed # 3

9. API Well No.
30-005-62248

10. Field and Pool, or Exploratory Area
Bitter lake San Andres. S

11. County or Parish, State
Chavez

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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other Well Placed Back into Production	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1)

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 was placed Back into production on January 26, 2000

[Faint stamps and handwritten notes]

I hereby certify that the foregoing is true and correct
by John Labalade Title Field Supervisor Date 2-2-2000
(space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

I hereby certify that the foregoing is true and correct