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Form 3160-5 June 1990)

UNITED STATESANTOSIA. NN 88210 DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993 5. Lease Designation and Serial No.

•	Luse	Designation a	
	NTM	27000	

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 reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT	7. If Unit or CA, Agreement Designation	
I. Type of Well  Oil  Well Well Other  2. Name of Operator  John Yates Jr., Oil Operator  John Yates Jr., Oil Operator  3. Address and Telephone No.  331 West Main Suite A  4. Location of Well (Footage, Sec., T., R., M., or Survey Deserve)  Section 26- TlOS- R25E  990' FNL and 960' FWL		8. Well Name and No.  Comanche PO Federal  9. API Well No.  10. Field and Pool, or Exploratory Area  Pecos slope Abo 827  11. County or Parish, State  Chaves County N. M.
2. CHECK APPROPRIATE BOX(s	s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	<u> </u>
X Notice of Intent  X Subsequent Report  Final Abandonment Notice	Abandonment  Recompletion  Plugging Back  Casing Repair  Altering Casing  Other  TA Status	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  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.)\*

Requesting Approval for Temporary Abandonment official gas

Casing Intergrity Test was done on August 14,1995

The test was inspected by Vic Coats.

or representations as to any matter within its jurisdiction.

RECEIVED

AUG 28 1995

OIL COM. DIV. MIST. 2

14. I hereby certify that the foregoing is true and correct	Tide Production Clerk	Bra 8-14.9
This space for Federal or State office use)  Approved by Conditions of approval, if any:	APPROVED FOR MONTH PERIOD ENDING 8/14/2000  Derson knowingly and willfully to make to any department or agency of the	AUG 2 5 1995

