Ferm 3160--5 (Notember 1983)

16

ssion NM Oist Gapsin CR THE INTERIOR (Other instructions

Budget Bureau No. 1004-01 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

Form approved.

API #30-005-62478	3770.9' GR Chaves	NM	
14. PERMIT NO. 15 ELEVATIO		DE PARISH 13. STATE	
660' FSL & 660' FEL	Unit P.	Sec. 25-T7S-R241	
		R., M., OR BLE. AND OR ARMA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		Pecos Slope Abo	
105 South 4th St., Artesia, NM	88210 ARTESIA, OFFICE 1		
3. ADDRESS OF OPERATOR	O. C. D. 9. WIBLL NO.		
Yates Petroleum Corporation	Wheeler	AEE Federal	
2. NAME OF OPERATOR	MAR 15 '88 8. FARM OR I.		
OIL GAS X OTHER	?. UNIT AGERI	EMENT NAME	
SUNDRY NOTICES AND (Do not use this form for proposals to drill or Use "APPLICATION FOR PE	REPORTS ON WELLS to deepen or plug back to a different reservoir. RMIT:—" for such proposals.)		
BUREAU OF LAND	MANAGEMENTETESIA, NN 88210 NM 29	9821 ALLOTTEE OR TRIBE NAME	
	111L 1141 LIMI CONTO	0.001	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT EMPORT OF: NOTICE OF INTENTION TO

REPAIRING WELL WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT ABANDON MENT SHOOTING OR ACIDIZING SHOOT OR ACIDIZE (Other) Gas connected for sales CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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 connected to pipeline for 1st sales March 2, 1988.

Transwestern Pipeline Co. - Transporter-Purchaser.



8. I hereby certify that the foregoing is true and correct		Production Superviso		3-2-88
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE	OBSTER
			MAR 1	0 1988
*\$<	ee Instructi	ons on Reverse Side	NEAU OF L	AND MANAGEMENT