

dst

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
NOV 27 '90

WELL API NO. 30-005-62797
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WHITNEY
8. Well No. 5
9. Pool name or Wildcat Und. San Andres

**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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
YATES EXPLORATION CO., INC.

3. Address of Operator  
P. O. Box "0" Albuquerque, NM 87103

4. Well Location  
Unit Letter I : 2310 Feet From The South Line and 990 Feet From The East Line  
Section 34 Township 10 South Range 27 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3779.3 Ground Level

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>TD</u> <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well reached Total Depth of 2,168 feet on November 18, 1990.  
Shut down waiting on loggers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tom Kimball TITLE Landman DATE Nov. 26, 1990  
 TYPE OR PRINT NAME Tom Kimball TELEPHONE NO. 505 242-2050

(This space for State Use)

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT I DATE DEC 5 1990  
 CONDITIONS OF APPROVAL, IF ANY: