BUREAU OF LAND MANAGEMENT  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  Well SWell Other  5. Lease Designation and Serial No.  NM-93190  6. If Indian, Allottee or Tribe Name  7. If Unit or CA, Agreement Designation	orm 3160-5 une 1990)	UNITED STATES DEPARTMENT OF THE INTERIOR		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.    Submit in Tripelicate		BUREAU OF LAND	MANAGEMENT	· · · · · · · · · · · · · · · · · · ·
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.    Submit in Triplicate		CUMPRY MOTIOTE AND	DEPORTS ON WELLS	NM-93190
SUBMIT IN TRIPLICATE  SUBMIT IN TRIPLICATE  Type of Well	Do not use this			
SUBMIT IN TRIPLICATE    The color   Content	Do not use this			-
B. Well Name and No.   Tarker of Operators   Competence		SUBMIT IN 1	RIPLICATE	7. If Unit or CA, Agreement Designation
Name of Operators / VATES PETROLEUN CORPORATION (5.05) 7/48-1471)  Addres and Tickyhore No. 105 South 4th St., Artesia, NM 88210  Location of Well Groungs, Sec. T. R. M., or Survey Descriptions 1780' FNL & 990' FWL of Section 33-T16S-R27E (Unit E, SWNW)  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, FIEPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACIION Notice of Intern Report Report Report Advancement Recompletion Non-Resident Function Non-Resident Function Non-Resident Function Non-Resident Function Non-Resident Function Non-Resident Function Recompletion Conversion to Injection 1. Describe Purposed or Complete Operations (Clearly size all pertitions details, and pice pertitions to this work.)*  Date of 1st Production and Gas Connect: August 4, 1999  If I hereby confident the foregoing park of a Secreted Signal Resident of Place of Place Indicated the State of State o		AS COLOR		B. Well Name and No.
Advanced by Congress of Fundament Notice    Describe Proposed or Completed Operation (Clearly take all pertions)   Congress and measured and use vertical depths for all markers and ances pertinent to this work. If well is directionsly drilled.    All thereby coeffs that the foregoins paids of Fundament of Fundament and Gas Connect: August 4, 1999    All thereby coeffs that the foregoins paids of Fundament	. Name of Operator	V	(505) 7/0 1/71)	Lucky Lobo ASX Fed Com #1
1. Describe Proposed or Completed Operations (*Pizzly state all pertinent details, and give performed by consequence of the state of last Production and Gas Connect: August 4, 1999  Title Uperations Technician  Total proposed by Conditions of Spapers of Macroscopies of Approved by Conditions of Spapers of Plants and Connect of Spapers of Connect of Spapers of Spapers of Spapers of Spapers of Spapers of Connect of Spapers of S			(505) 748-1471)	
Location of Well (Fontage, Sec. T. R. M., or Survey Description)   1780' FNL & 990' FWL of Section 33-T16S-R27E (Unit E, SWNW)	•		8210	
Eddy Co., NM  Eddy Co., NM  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  Notice of Intent  Subsequent Report  Final Abandonnent Notice  Altering Casing Check Repair Completed Operations (Clearly state all pertioner dentil, and give perinent dates, including estimated date of stating any proposed work. If well is directionally drilled, give subsurface focusions and measured and true vertical depths for all markers and zones pertinent to this work?  Date of 1st Production and Gas Connect: August 4, 1999  Title Operations Technician Date  Approved by Conditions of approval, if any:  Date				Undesignated Morrow
TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent	1780' FNL	& 990' FWL of Section 3	3-T16S-R27E (Unit E, SWNW)	11. County or Parish, State
TYPE OF SUBMISSION    Notice of Intent				Eddy Co., NM
Notice of Initial   Abandonnes   Change of Plans   New Construction   Recompletion   Recompletion   Non Routine Fracturing   Change of Plans   Non Routine Fracturing   Change of Subsequent Report   Plugging Back   Non Routine Fracturing   Change Shut Off   Convertion to lipection   Convertion to displace making and the product of multiple configuration   Routine from and legistry   Convertion to displace multiple configuration   Routine from the production   Routine from th	2. CHEC	CK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, FIEPO	ORT, OR OTHER DATA
Recompletion   New Construction   Note Recompleted Off   Staining Repair   Weter Shot Off   Conversion to Injection   New Construction   New Con	TYPE	OF SUBMISSION	TYPE OF ACTIO	N .
Recompletion   New Construction   Note Recompleted Off   Staining Repair   Weter Shot Off   Conversion to Injection   New Construction   New Con			Abandonmani	Change of Plans
Subsequent Report	L 1400	ice of them	ات ا	ר־ו י
Final Abandonment Notice     Altering Casing   Conversion to Injection     Note Part of 1st Production     Note Reported of multiple completion on Well Completion on Recompletion of multiple completion on Recompletion of Recompletion Reports and true vertical depths for all markers and zones pertinent to this work   Figure 1   Note   No	X sub	sequent Report	Plugging Back	Non-Routine Fracturing
X  Other   Date of 1st Production   Dispose Water   Other Report product and under templatine and will Completence templatine for exemptation for an will completence templatine for exemptation for product and true vertical depths for all markers and zones pertinent to this work.}    A   Date of 1st Production and Gas Connect: August 4, 1999	_		Casing Repair	Water Shut-Off
(this space for Federal or Superoval, if any:    Conditions of approval, if any:    Conditions of approval is a proval in the content of the chains, and give pertinent details, and give pertinent dates, including estimated dates, inclu	L.J Fin	al Abandonment Notice		
3. 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 rones pertinent to this work.)  Date of 1st Production and Gas Connect: August 4, 1999  1. I hereby certify that the foregoing is to be and correct signed.  Title Operations Technician Date August 24, 1999  (This space for Federal or Spite office use)  Approved by Original Start S			[A] Other Date of 1st Frod 1ct.	
Signed				OCH CENTED ARIES
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signed(This space for Fe	deral or Silvie office use)		
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OF PERFECUENCIES AS AN AUT HIGHER BY PARAMETERS.	or representations as to	any matter within its jurisdiction.		