

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
311 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
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**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Lucky Strike AST Fed Com
2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471	9. API Well No. #1 30-015-30765
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210	10. Field and Pool, or Exploratory Area Diamond Mound Atoka
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 1980' FWL of Section 28-T16S-R27E (Unit N, SESW)	11. County or Parish, State Eddy Co., NM

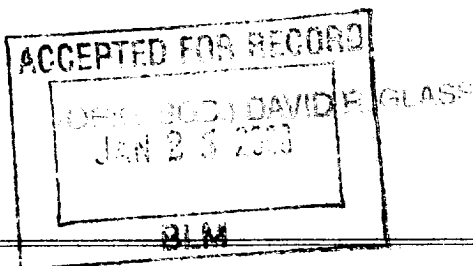
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Date of 1st Production
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

Date of 1st Production & Gas Connect: December 10, 1999



14. I hereby certify that the foregoing is true and correct

Signed

Title Operations Technician

Date Jan. 17, 2000

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

ROSWELL OFFICE

2009 JAN 24 A 9 41

RECEIVED