

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. LC-067132 *45F*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Denton Hover

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Loco Hills-QN-GRB-SA

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 20-18S-29E

12. COUNTY OR PARISH 13. STATE

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—" for such proposals.)

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR Yates Drilling Company

3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, Nm 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1980' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3458' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing Integrity Test</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

9-8-92 Ran plug in 2 3/8" tubing, set plug at 2450'. Circulated packer fluid, packed off well, head tested casing to 520#. Tested okay. Pulled tubing, packed off well, shut in well.
Test witnessed by Don Early, BLM Carlsbad.

Request permission to temporarily abandon well.

This Approval of Temporary Abandonment Expires

9/27

See

APPROVED FOR 12 MONTH PERIOD

ENDING 9/8/93

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

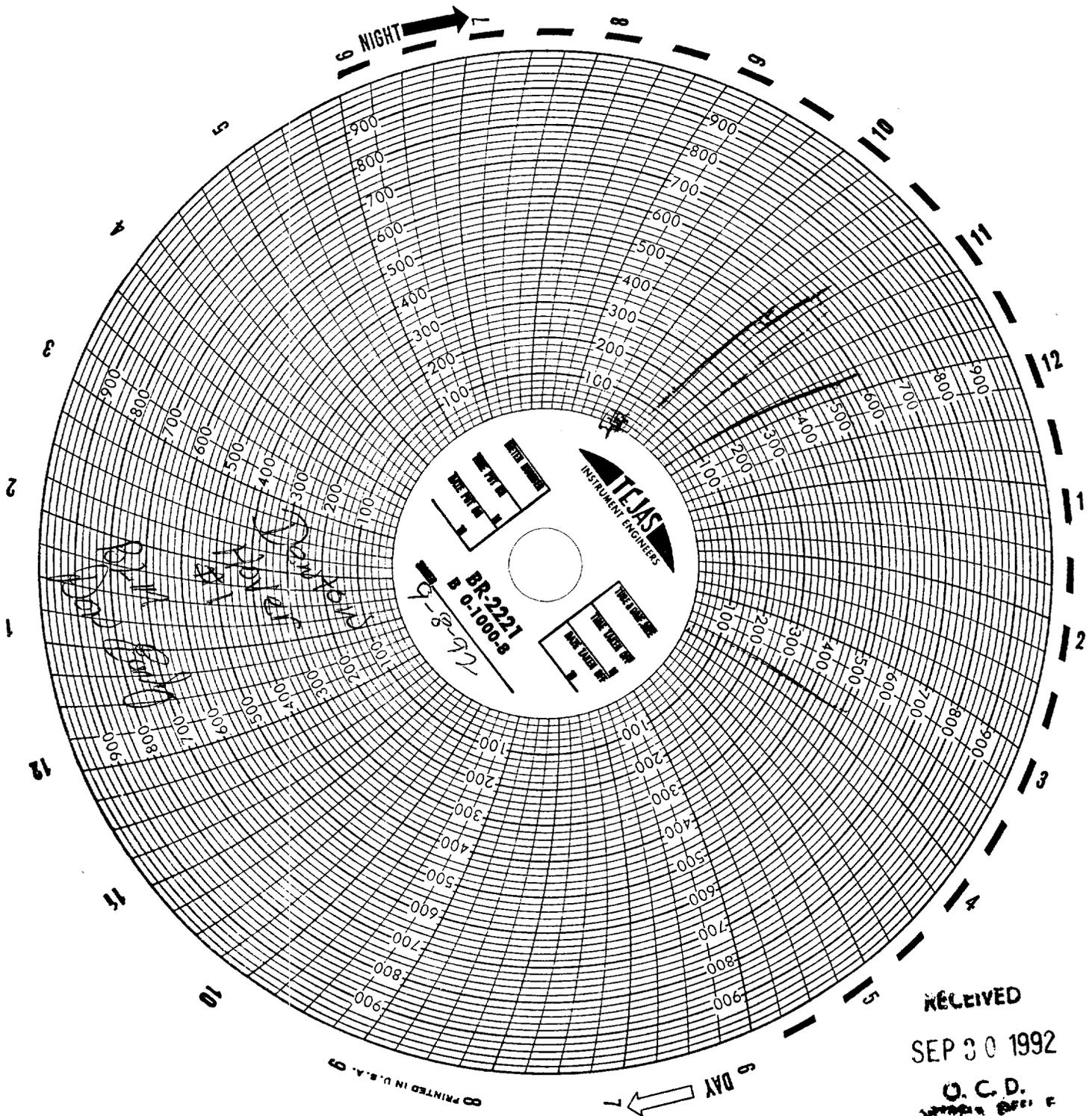
SIGNED Karen J. Luskman TITLE Production Clerk DATE 9-11-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE WELLS ENGINEER DATE 9/25/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED
 SEP 30 1992
 O. C. D.

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