Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM 56226

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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.)

RECEIVED
MAR 29 '89
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME:

1. OIL WELL [ ] GAS WELL XX OTHER

2. NAME OF OPERATOR: Yates Petroleum Corporation

8. FARM OR LEASE NAME: New Deal AFD Federal Com

3. ADDRESS OF OPERATOR: 105 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 760' FEL, Sec. 6-18S-25E

10. FIELD AND POOL, OR WILDCAT: Undes. ~~Cisco~~ (RICHARD KNOB ATOKA/MORROW)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit H, Sec. 6-T18S-R25E

14. PERMIT NO.: API #30-015-29522

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3609.5' GR

12. COUNTY OR PARISH: Eddy

13. STATE: NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other) REPORT FIRST PRODUCTION	[X]
(Other)		(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.)*

3-11-89. Set pump to recover load.
3-12-89. FIRST PRODUCTION.

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

SIGNED [signature] TITLE Production Supervisor DATE 3-17-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 27 1989

505

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.