Form 3160-5	UNITED STAT	ES		FORM APPROVED
(June 1990)	DEPARTMENT OF THE	INTERIOR		Budget Bureau No. 1004-0135
	BUREAU OF LAND MAI	NAGEMENT		Expires: March 31, 1993
SUNDRY NOTICES AND REPORTS ON WELLS			5. Lease Designation and Serial No. NM-28095	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir			6. If Indian, Allotte or Tribe Name	
	PPLICATION FOR PERMI			
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation
1. Type of Well Gas V	Vell Other			
2. Name of Operator Harvey E. Yates Company			8. Well Name and No.	
			CAN-KEN 4 FED. # 2	
			9. API Well No.	
3. Address and Telephone No.			30-015-26257	
P.O. Box 1993 , Roswell, NM 88202 1-505-623-6601			10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M, or Survey Description)				SHUGART BONE SPRING, N. 11. County or Parish, State
1980' FN & EL				II. County or Parisn, State
G, SEC. 4, T-18S, R-31E				EDDY
12. CHECK APPROPR	IATE BOX(s) TO INDICA	TE NATUR	RE OF NOTICE, REPORT	, OR OTHER DATA
TYPE OF SUBMISSI			TYPE OF ACTION	
X Notice of Intent	Abandonment		Change	e in Plans
	X Recompletion			Donstruction
Subsequent Report	Plugging Back			outine Fracturing
	Casing Repair			Shut-Off
Final Abandoment	Altering Casing		Conver	sion to Injection
	Other		Dispose	e Water
			(Note: Report	
			Completion of	
13. Describe Proposed of Completed Opera	tions (Clearly state all pertinent details, and give	pertinent dates, inclu	iding estimated date of starting any proposed wo	ork. If well's directionally drilled,
give subsurface locations and m	acesured and true vertical depths for all markers	and zones pertinent	to this work.)	
CURRENT PERFS: 8068'-8335'				JAN 1 0 1997
				OIL CON. DIV.
-				
PERF DELAWARE @ APPROX. 4600'. ACIDIZE & FRAC IF SHOWS. IF NO SHOWS SET CIBP WITHIN 50' OF PERFS w/ 50' CMT.				D1ST. 2
	ES @ APPROX. 4200'. ACII SET CIBP WITHIN 50' OF			
	LS @ APPROX. 3700'. ACII			
FERF LOCO ME	LS (g AFFROA: 5700. ACIL	ILE & IES	1.	
RUN DOWN HOL	E PRODUCTION EQUIPME	NT AND HA	NG ON PUMP. TEST FOR	ALLOWABLE.
NOTE: BIT TO BI			NG WHILE DE DECLARIOS	UBON COMPLETION OF
	IF NOT NEEDED FOR ADD		NS. WILL BE RECLAIMED	UPON COMPLETION OF
OI ERA HONS	IF NOT NEEDED FOR ADD	THONAL I.	ESTING.	
	C			
14. I hereby certify that the foregoing	is true and Arrest			
Signed Lay 1.	A RAY F. NOKES	Title	PROD. MGR./ ENG.	Date 1/9/97
(This space for Federal or State	e office use)			
Approved by		Title		D-4
Conditions of approval, if any				Date
Conditions of approval, if any:		1111e		Date
Conditions of approval, if any:		1111		
			or agency of the United States any false, fictitious	
	ne for any person knowingly and willfully to make		or agency of the United States any faise, fictitious	