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Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SEP 1 8 1992

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

| Do not use this form for proposals to dri  | AND REPORTS ON WELLS  Il or to deepen or reentry to a different reservoir.  R PERMIT—" for such proposals      | NM 58143  6. If Indian, Allottee or Tribe Name   |
|--|--|--|
| SUBMIT IN TRIPLICATE   |  | 7. If Unit or CA, Agreement Designation  |
| 1. Type of Well  Oil  Well  Well  Other  RECOMPLETION  2. Name of Operator   |  | 8. Well Name and No. Cholla AGE Federal #2   |
| YATES PETROLEUM CORPORATION  3. Address and Telephone No.  | (505) 748-1471)  | 9. API Well No. 30-015-05912  10. Field and Pool, or Exploratory Area  |
| 105 South 4th St., Artesia, No. 105 South 4th St., Artesia, No. 105 Survey Do. 105 Unit I, 1980' FSL & 1980' FEL, Lole C'  | seciption) Sec. 3-T20S-R24E  | Undes. Yeso 11. County or Parish, State Eddy, NM   |
| 2. CHECK APPROPRIATE BOX(  | s) TO INDICATE NATURE OF NOTICE, REPO  |  |
| TYPE OF SUBMISSION   | TYPE OF ACTION   |  |
| Notice of Intent  Subsequent Report  Final Abandonment Notice  | Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other Recompletion                      | Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| give subsurface locations and measured and true vertices with the vertices of the subsurface locations and measured and true vertices of the subsurface locations and measured and true vertices of the subsurface | 25, 46, 52, 56, 60, 64, 67, 72, 76, 28<br>500g. 20% NEFE. Swabbed dry.<br>97, 2303, 16, 18, 20, 27, 32, 46, 49 | wireline, Set RBP at 4175'. 1/2" tubing. WIH and 1, 93, 98 and 3010' (17-1 SPF) 155, 21, 28 and 2832' (17-1 1, 55, 66 and 2379' (17 holes- 1, 34, 38 and 2147' (17 holes-  |
| 14. I hereby certify that the foregoing is true and correct  Signed Charles (Charles Conditions of approval, if any:   | Title Production Supervisor  | Date   |