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

WELL

NAME OF OPERATOR

ADDRESS OF OPERATOR

See also space 17 below. At surface

D STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI (Other in verse side) instructions

TE:

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

5. LEASE DESIGNATION AND SERIAL NO

	C.	A#	RN	M	064				
€.	1F	IND	AN,	AL	LOTTEE	OR	TRIBE	N.A	МŁ

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
		4-111 +	doopen or plug	hack to	a different reservoir

Use "APPLICATION FOR PERMIT—" for such proposals.)

LOCATION OF WELL (Report location clearly and in accordance with any State requirements 11 '88

7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME

Emma QE Com

9. WELL NO.

10. FILL AND POOL, OR WILDCAT Penasco Draw-Permo Penn

11. SEC., T., B., M., OR BLE. AND SURVEY OR ARMA

Unit O, Sec. 21-T19S-R24E

12. COUNTY OR PARISH 13. STATE

14. PERMIT NO

WELL XX

Yates Petroleum Corporation

105 South 4th St., Artesia, NM 88210

660' FSL & 1980' FEL

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

3712' GR

RECEIVED

O. C. D. ARTESIA, OFFICE

NM

API #30-015-24096

(Other)

16

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

NOTICE OF INTENTION TO PULL OR ALTER CASING TEST WATER SHUT-OFF PRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON CHANGE PLANS REPAIR WELL

WATER SHUT-OFF REPAIRING WELL PRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING

(Other) Connected to pipeline for salesX (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SUBSECUENT REPORT OF :

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.) •

WELL IS COMMUNITIZED - CA No. RNM-064.

WELL CONNECTED TO PIPELINE FOR 1ST SALES - 4-4-88.

TRANSWESTERN PIPELINE COMPANY - TRANSPORTER-PURCHASER.

18. I hereby certify that the foregoing is true and correct Production Supervisor 4-4-88 TITLE DATE SIGNE (This space for Federal or State office use) CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side