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Form 3160-5	UNI. STA	ATES	FORM APPROVED
(JUNE 1990)		INTERIOR	A A A A A A A A A A A A A A A A A A A
	BUREAU OF LAND	I.M. DIV-Dist: 2 <sup>arch 31, 1993</sup> W. <sup>L</sup> @Pand <sup>a</sup> Avenue	
	SUNDRY NOTICES AND		esia, NM 882102052
Do not use		deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name
	Use "APPLICATION FOR PER	RMIT for such proposals	7. If Unit or CA, Agreement Designation
SUBMIT ORIGINAL + 6 COPIES			
1. Type of Well	Gas Well Well	Other 2031 12345	<ol> <li>Well Name and No.</li> <li>Hudson 11 Federal #2</li> <li>9. API Well No.</li> </ol>
2. Name of Operator	tos Company		30-015-25740
3. Address and Teleph	tes Company	RECEIVED	10. Field and Pool, or Exploratory Area
P.O. Box 193	3, Roswell, NM 88202	CCD ARTES	Tamano Bone Springs
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit H, 1,930' FNL & 660' FEL			11. County or Parish, State
Sec 11, T18S	, R31E		Eddy, New Mexico
12 CHECK APPROPRIATE BOX (s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE O	F SUBMISSION	TYPE OF	ACTION
	Notice of Intent	Abandonment	Change of Plans
		Recompletion	New Construction
Subsequent Report		Plugging Back	Non-Routine Fracturing
	-	Casing Repair	Water Shut-Off
Final Abandonment Notice		Altering Casing	
		A Other Casing integrity rest	Dispose Water (Note: Report results of multiple completion on Wel
13. Describe Propose	al or Completed Operations (Clearly state all pertin	ent details, and give pertinent dates, including estimated date of	Completion or Recompletion Report and log form) starting any proposed work. If wells directionally drilled,
give subsurface le	the casing was tested to 54	ng Integrity Test performed 2/20/2002 0#, held ok.	S
Harvey E. Yates Company intends to re-complete this well at a later date.			
BLM representative, Jim Amos was notified of test date. No BLM representative on location to witness test. Non-witness ok'd by Jim Amos Carlsbad BLM office.			
	TA	Apprende Fer	
		Approvod For <u>12</u> Emilio <u>212012003</u>	· · · ·
14. I hereby cert	ify that the foregoing is true and correct		
Signed	Dianna Rodgers	Title Production Analyst	Date 25-Feb-02
(This space for F	ederal or State office use)	~	
Approved by Conditions of <b>ap</b>	(ORIG. SGD.) JOE G. LA	Title NMOCD	Date 3/29/62

