

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Yates Energy Corporation	3. ADDRESS OF OPERATOR P.O. Box 2323 Roswell, NM 88202	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 400' FNL & 2310' FWL	5. LEASE DESIGNATION AND SERIAL NO. NM-2538	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Prickly Pear Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT North Shugart Y-SR-Q-G	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12 T18S R-31E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO 30-015-26445	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3778.2 GR											

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>		(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.) *

1. Set @ CIBP @ 3450' Dump 35' of Cement on plug
2. Circulate hole with 9.0#/gal mud.
3. Spot a 100' cmt plug from 407' to 307'
4. Spot a 50' cmt plug @ surface
5. Weld a steel plate and dry hole marker.
6. Level, rip, & re-seed location.

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

SIGNED Sharon B. Hamilton TITLE Landman

DATE 01/08/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 1/13/92

*See Instructions on Reverse Side