

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED JAN 15 1992 O. C. D. ARTESIA OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM-2538	
2. NAME OF OPERATOR Yates Energy Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2323 Roswell, NM 88202				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 790' FWL				8. FARM OR LEASE NAME Prickly Pear Federal	
14. PERMIT NO. 30-015-26641		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3757.7 GR		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Shugart Y-SR-Q-G	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12 T18S R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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 COMPLETION <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"/>
(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 a CIBP @ 4150', Dump 35' of Cement on Plug.
2. Circulate hole w/ 9.0#/gal mud
3. Spot a 100' cmt plug from 340' to 440'
4. Spot a 50' cmt plug @ surface
5. Weld a steelplate and dry hole marker @ surface
6. Level, rip, & re-seed location

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

SIGNED Sharon Hamilton TITLE Landman

DATE 01/08/91

(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