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Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCT - 2 1991

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA OFFICE Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals SUBMIT IN TRIPLICATE	DONE NO OF E	O. C. D.	NM 86241
SUBMIT IN TRIPLICATE Type of Well	Do not use this form for proposals to dri	Il or to deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name
Type of Well			7. If Unit or CA, Agreement Designation
Well Name and No.		HA TRIFEIOATE	
Name of Operator ATTER PETROLEUM CORPORATION Address and Telephone No. 105 South 4th St., Artesia, NM 88210 (505) 748–1471 Increase of Well (Rosage, Sec. T. R. M., or Survey Description) Int K, 1830' FSL, 1980' FWL, Sec. 23–T20S–R24E Eddy, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Abandonment Report Report Register Production (Clearly and all pertisent details, and give pertinent dates, including estimated date of Marting any proposed work. If well is directionally drilled, give substrafes because and instanced and true vertical depths for all markers and zones pertinent to this work.)* Title Production Supervisor Date: Name of Production or Sum office yells Date:			8. Well Name and No.
Actives and Telephone No. 105 South 4th St., Artesia, NM 88210 (505) 748–1471 106 South 4th St., Artesia, NM 88210 (505) 748–1471 107 Facility of Well (Foorage, Sec. T. R. M., or Survey Description) 108 Tocation of Well (Foorage, Sec. T. R. M., or Survey Description) 109 It K, 1830 FSL, 1980 FWL, Sec. 23–T20S–R24E 110 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 111 TYPE OF SUBMISSION 112 TYPE OF SUBMISSION 113 Abandournest Notice 114 Abandournest Notice 115 Pinal Abandournest Notice 116 Abandournest Notice 117 Pinal Abandournest Notice 118 Ober TREPORT 1ST PRODUCTION 119 Describe Proposed or Completed Operations (Clearly state all pertinent detail), and give pertinent dates, lackding estimated date of starting any proposed work. If well is directionally drilled, give substarface locations and measured and true vertical Ceptas for all markers and zones pertinent to this work.)* 118 Production Supervisor 119 Describer Proposed or Completed Operations (Clearly state all pertinent detail), and give pertinent dates, lackding estimated date of starting any proposed work. If well is directionally drilled, give substarface locations and measured and true vertical Ceptas for all markers and zones pertinent to this work.)* 110 Describer Proposed or Completed Operations (Clearly state all pertinent detail), and give pertinent dates, lackding estimated date of starting any proposed work. If well is directionally drilled, give substarface locations and measured and true vertical Ceptas for all markers and zones pertinent to this work.)* 110 Describer Proposed or Completed Operations (Clearly state all pertinent detail), and give substarface locations and measured and true vertical Ceptas for all markers and zones pertinent to this work.)* 110 Describer Proposed or Completed Operations (Clearly state all pertinent detail), and give substarface locations and measured and true vertical Ceptas for all markers and zones pertinent dates. The pertinent details and true locations	2. Name of Operator		Hill View AHE Fed. Com #1
105 South 4th St., Artesia, NM 88210 (505) 748-1471 10. Field and Pool, or Bujoranny Area. Location of Well (Foonge, Sec. T., R. M., or Survey Description) nit K, 1830' FSL, 1980' FWL, Sec. 23-T20S-R24E CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Instant Recompletion New Construction New Construction New Construction New Construction New Construction New Construction New Factoring Wear Sharloff Consign Repair Color REPORT 1ST PRODUCTION Note the Proposed or Completed Operations (Clearly state all persisent detail), and give pertisent data, including estimated date of starting any proposed work. If well is directionally drilled, give substantiace locations and measured and true vertical depths for all markers and zones pertitions to this work.)* 1. I bears, certify that the foregoing is true field correct Suppose for Footari or State office also Title Title Title Date Da	YATES PETROLEUM CORPORATION		_ ' ' ' '
South Dagger Draw U/Penn II. County or Partish, Sase Eddy, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Inters Abandonment Notice Interpretation of Change of Plans Recompletion Plugging Back Other REPORT 1ST PRODUCTION Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent datas, including estimated date of starting any proposed work. If well is directionally drilled, give substantiace locations and measured and row vertical depuls for all markers and zones pertinent to this work.)* In heaps of pertinent details, and give pertinent datas, including estimated date of starting any proposed work. If well is directionally drilled, give substantiace locations and measured and row vertical depuls for all markers and zones pertinent to this work.)* REPORT FIRST PRODUCTION 9-21-91. Title Production Supervisor Date 9-26-91 Title Date Date Production Supervisor Date 9-26-91 Title Date Date Partis of Sum office with a supervisor Date 9-26-91 Title Date Date Partis of Sum office with a supervisor Date 9-26-91 Title Date Date Partis of Sum office with a supervisor Date 9-26-91 Title Date Date Partis of Sum office with a supervisor Date 9-26-91 Title Date Date Partis of Sum office with a supervisor Date 9-26-91			
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TYPE OF SUBMISSION Notice of Intern	CHECK APPROPRIATE BOYIS	E) TO INDICATE NATURE OF NOTICE, REPO	
Notice of Intent			
Notice of Intent Recompletion New Construction New Constructio	TYPE OF SUBMISSION		
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4. I hereby certify that the foregoing is true and correct Signature of the production Supervisor (The space for Federal or State office use) Approved by Title Date Date	REPORT FIRST PRODUCTION 9-21-9		
Signer Control of State office use) Title Production Supervisor Date 9-26-91 Title		,	
(The space for Federal or State office use) Approved by Title Date	and he are the state of the	Tide Production Supervisor	
Approved by			
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Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.