

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
LC063567

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Guadalupe Operating L.L.P.	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 1401 W. Cuthbert, Midland, TX 79701	8. Well Name and No. Yates Federal #11
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330 FNL & 2310 FEL Sec. 7 T-20-S R-27-E	9. API Well No. 30-015-01034
	10. Field and Pool, or Exploratory Area McMillan (7 Rivers Queen)
	11. County or Parish, State Eddy

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

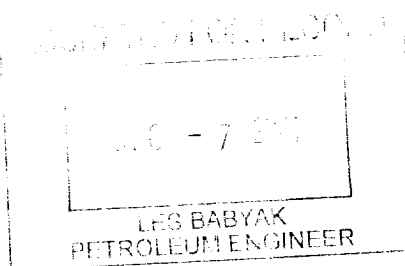
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 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.)*

10-10-01 POOH & LD 317' of 5-1/2" csg.
10-10-01 Spot 30 sx cmt. @ 500'.
10-11-01 Tag plug @ 329'.
10-11-01 Spot 75 sx cmt. @ 329', tag @ 302'.
10-11-01 Spot 75 sx cmt. @ 30' under pkr tag @ 94'.
10-11-01 Filled with Redi Mix cement to surface.

Approved as to plugging of the well bore.
Liability under bond is released until
surface restoration is completed.



RECEIVED
2001 NOV 14 PM 1 56
BUREAU OF LAND MGMT.
CARLSBAD FIELD OFFICE

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

Signed [Signature] Title Agent Date 10/12/01

Accepted for record

Title _____ Date _____

Only 1-11-02

and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements

***See Instruction on Reverse Side**