

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 13968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Huber IA Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Box Canyon Permo Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Unit P, Sec. 15-T21S-R21E

14. PERMIT NO.

API #30-015-22217

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4564' GR H E H 9

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Continue Suspended Production X

(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.) *

Due to economic conditions this well has been suspended from production. The suspension expires May 31, 1989. Yates Petroleum Corporation would like to continue the well in suspension and ask for your approval.

1. The lease is in its extended term.
2. All wells on the lease are plugged and abandoned.
3. The well is capable of producing as a marginal well.
4. At the present time, the well cannot produce into El Paso Natural Gas Company's line due to high line pressure of 600-700 psi.
5. The date of last production from this well was January, 1987, with total production of 176 mcf for the month.

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

SIGNED

TITLE Production Supervisor

DATE 5-8-89

(This space for Federal or State office use)

APPROVED BY

FOR: TITLE

DATE 5-19-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side