	-		1	615	ŕ
Form 3160-5	UNITED S	TATES		FORM APPROVED	
(December 1989)	DEPARTMENT OF			Budget Bureau No. 1004-0135 Expires: September 30, 1990	
BUREAU OF LAND MANAGEMENT				5. Lease Designation and Serial No.	
	DOREAG OF LAND	MANAGEMENT		NM-01119	
9	SUNDRY NOTICES AND	REPORTS ON WELLS		6. If Indian, Allottee or Tribe Name	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.					
	APPLICATION FOR PER				
	<u></u>	RECE	4V&D	7. If Unit or CA, Agreement Designation	
	SUBMIT IN T	RIPLICATE		7. If Only of CA, Agreenent Designation	L1
i. Type of Well Gas Gas		, IIIN	13'90	8. Well Name and No.	<u> </u>
Well Well	Other		- / -	Yates C Federal #14	
2. Name of Operator		atta Dermite	e who what a or	9. API Well No.	
Exxon Corpor	ation	Attn: Permits)	Súpervisor _{SIA, OFFICE}		
3. Address and Telephone No.			5iA, 0111-	30-015=24378 10. Field and Pool, or Exploratory Area	
P. O. Box 1600, Midland, TX (915) 688-7548				Burton Flat Avalon	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State Delaw	220
				11. County or Parish, State Delaw	are
660' FSL & 660' FEL, Sec 31 - T20S-R28E				Dada New Merrice	
		<u> </u>		Eddy, New Mexico	
12. CHECK A	PPROPRIATE BOX(s) TO	INDICATE NATURE OF	NOTICE, REPOR	IT, OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION					<u></u>
				Change of Plans	
Notice of I	alent				
				Non-Routine Fracturing	
	Report	L Plugging Back		Water Shut-Off	
		Casing Repair			
Final Abandonment Notice			L_ Conversion to Injection		
		[] Other		f multiple completion on Well Completion of)r
			Recompletion Report an		
13. Describe Proposed or Comp	leted Operations (Clearly state all pertine ns and measured and true vertical depth	nt details, and give pertinent dates, incluse for all markers and zones pertinent to	ding estimated date of starting	any proposed work. If well is directionally d	irilled,
Dun T (A - S AFBROVED FOI	12 MONTH PERCO			AP @ 2500'. up well head. CARE AREA CARE CARE CARE CARE CARE CARE	
14. I hereby certify that the for Signed	Ngan		ve Specialist	Date	
Approved by Conditions of approval, if	апу:	TidePSTROLEUM ENGI	1999	Date (2 - 11 9C	
Title 18 U.S.C. Section 1001, or representations as to any ma		gly and willfully to make to any depart		States any false, fictitious or fraudulent stat	ements

See Instruction on Reverse Side

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