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Form 3160-5 June 1990)	UNITED STATES DEPARTMENT OF THE INTER		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993		
	BUREAU OF LAND MANAGEM		5. Lease Designation and Serial No. NM 0473817		
Do not use this for	SUNDRY NOTICES AND REPORTS (m for proposals to drill or to deepen or e "APPLICATION FOR PERMIT" for s	reentry to a different reservoir.			
	7. If Unit or CA, Agreement Designation				
1. Type of Well					
X Well Gas Well	Other		8. Well Name and No.		
2. Name of Operator	Chamois AKE Fed. Com #1 9. API Well No.				
YATES PETROLE	· · · · · · · · · · · · · · · · ·				
3. Address and Telephone No	30-015-26923 10. Field and Pool, or Exploratory Area				
105 South 4th 4. Location of Well (Footage,	Undesignated Morrow				
4. Location of well (Pootage,	11. County or Parish, State				
	FNL & 1980' FEL, Sec. 33-T20S		Eddy, NM		
12. CHECK A	PPROPRIATE BOX(s) TO INDICATE	NATURE OF NOTICE, REPC	ORT, OR OTHER DATA		
TYPE OF S	TYPE OF SUEMISSION TYPE OF ACTION				
		Abandonment	Change of Plans		
		Recompletion	New Construction		
XX Subsequen	t Report	Plugging Back	Non-Routine Fracturing		
		Casing Repair	Water Shut-Off		
Final Abai	ndonment Notice	Altering Casing	Conversion to Injection		
		Other	Dispose Water Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
13. Describe Proposed or Comp give subsurface location	oleted Operations (Clearly state all pertinent details, and give ons and measured and true vertical depths for all markers a	pertinent dates, including estimated date of start and zones pertinent to this work.)*	ing any proposed work. If well is directionally drilled,		
to change cas circulated, log will be r tool to be se	2 sion received from Shannon Sh ing size on 2nd Intermediate In the event of lost circulat cun. The log will be used to et above (but as close as poss stages and circulated to surfa	casing to 9-5/8" 36# ca tion on 2nd intermediate determine the best plac sible) to the loss zone.	sing. Cement will be hole, an open hole calipe ement of an ECP/stage		

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				1000 A. 1000 A. 1000 A.			
14. I hereby certify that the foregoing is the ard correct	Title _Produ	ction Supe	rvisor		Date _6-	-26-92	
(This space for Federal or State office use)	Title				Date		
Approved by Conditions of approval, if any:	The						