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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.
NM 0473817

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit G, 1980' FNL & 1980' FEL, Sec. 33-T20S-R29E

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Chamois AKE Fed. Com #1

9. API Well No.
30-015-26923

10. Field and Pool, or Exploratory Area
Undesignated

11. County or Parish, State
Eddy, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Perforate Well	☐ Dispose Water
	1ST PRODUCTION.	(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.)*

TD 12220', PBTD 12147'.
9-5-92. Perforated Wolfcamp 9528-9609' w/48 - .42" holes (2 SPF) as follows: 9528, 29, 33, 35, 37, 45, 47, 49, 51, 57, 61, 67, 69, 71, 73, 77, 79, 89, 91, 93, 9605, 9607 and 9609'.

FIRST PRODUCTION: 9-12-92.

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

Signed [Signature] Title Production Supervisor Date 9-14-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: