

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

25F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Energy Corporation	8. FARM OR LEASE NAME Texasville Federal Com
3. ADDRESS OF OPERATOR P.O. Box 2323, Roswell, New Mexico 88202-2323	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 1650' FWL	10. FIELD AND POOL, OR WILDCAT East Hess Marrow
14. PERMIT NO. 30-015-26501	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 27-23S-23E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4188.1GR	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)

11-30-90 TD 10,000'. Propose to plug back to 8760' and test Strawn formation.
Propose to set plugs as follows:
50 sxs. Premium Plus @ 9400',
70 sxs. Premium Plus @ 8900'.

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

SIGNED Marion E. Hamelby TITLE Landman DATE 12-04-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-6-90

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side