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Form 3160-5

UNITED STATES

DEC 1 6 1991

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993 (June 1990) DEPARTMENT OF THE INTERIOR 5. Lease Designation and Serial No. O. C. D. BUREAU OF LAND MANAGEMENT ARTESIA OFFICE NM 22994 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. Use "APPLICATION FOR PERMIT-" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE I. Type of Well X Oil 8. Well Name and No. Foxtail AJX Federal Com#1 2. Name of Operator 9. API Well No. YATES PETROLEUM CORPORATION (505) 748-1471 30-015-26873 3. Address and Telephone No. 10. Field and Pool, or Exploratory Area 105 South 4th St., Artesia, NM 88210 North Dagger Draw U/Penn 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State Unit M, 660' FSL & 660' FWL, Sec. 1-T20S-R24E Eddy, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment Notice of Intent **New Construction** Recompletion Non-Routine Fracturing Plugging Back X Subsequent Report Water Shut-Off Casing Repair Conversion to Injection Altering Casing Final Abandonment Notice Other Spud Dispose Water (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.)* Spudded 26" hole 2:15 PM 11-8-91. Set 40' of 20" conductor pipe. Cement to surface with ready-mix. Notified BLM, Carlsbad, NN of spud. Resumed drilling 14-3/4" hole 4:30 PM 11-19-91. Notified BLM Answering Service, Carlsbad, NM. 14. I hereby certify that the foregoing is time and correct Title Production Supervisor Date 11-22-91 This space for Federal or State office use) Date

Conditions of approval, if any: