

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

not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

of Well
Oil Well ☐ Gas Well ☐ Other ☐
Name of Operator
John Yates Jr (505) 748-1471
Address and Telephone No.
P.O. Box 853 Artesia N M 88210
Location of Well (Footage, Sec., T., R., M., or Survey Description)
T 10S R 25E M NMP Sec 27 NENE (A)
330 N + 990 E

5. Lease Designation and Serial No.
NMNM27909
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
Comanche PO Fed # 4
9. API Well No.
30-005-00066
10. Field and Pool, or Exploratory Area
Bittery lake San Andres S
11. County or Parish, State
Chaves

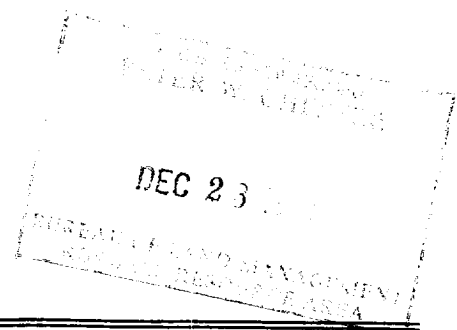
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other Response to Ink	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

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.)

Well was shut in May 4, 1998
in response to incident of noncompliance: Due to economics and low product prices
work over and or repair work was not done. Work over and or repair work will commence
after January 1.2000



Certify that the foregoing is true and correct
by John Yates Jr Title Field Supervisor Date 12-17-99
(Signature for Federal or State office use)
Signature of approval, if any: _____ Title _____ Date _____