

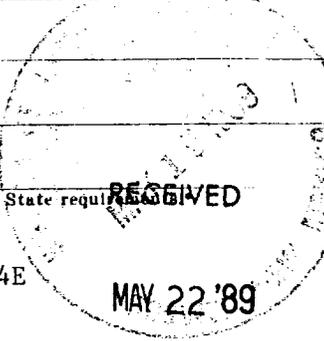
UNITED STATES ^{NM Oil Cons. Commission}
DEPARTMENT OF THE INTERIOR ^{Submit in triplicate}
BUREAU OF LAND MANAGEMENT ^{Drawn to order instructions on reverse side}
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c/5F

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Yates Petroleum Corporation</p> <p>3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL, Sec. 27-5S-24E</p> <p>14. PERMIT NO. API #30-005-61558</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-14983</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Monaghan QY Federal</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 27-T5S-R24E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE NM</p>	
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) O. C. D. 3993.9' GR ARTESIA, OFFICE</p>		

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 COMPLETE <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 PLANS <input type="checkbox"/>	(Other) <u>Central Delivery Point Wells</u> <input checked="" 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.) *

Due to economic conditions with gas purchaser, Yates Petroleum Corporation has been required to lay gathering lines and set allocation meters at each well that produces into a common line. We request approval to commingle the following wells:

- Monaghan QY Federal #5, located SE/SE, Sec. 27-T5S-R24E
- Monaghan QY Federal #10 located NW/SW, Sec. 27-T5S-R24E

The gas is measured prior to measurement for sales for marketing gas to the pipeline company. The sales point is located at the Monaghan QY Federal #5, Sec. 27-5S-24E.

Yates Petroleum Corporation conducts quarterly calibration tests on all meters. Test results will be furnished to the Bureau of Land Management upon request.

Transwestern Pipeline Company conducts quarterly tests on TW's meters and semi-annual gas analysis tests.

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

SIGNED *Peter W. Chester* TITLE Production Supervisor DATE 5-11-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

PETER W. CHESTER

MAY 19 1989

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

*See Instructions on Reverse Side