

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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

Type 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 S 26 NWNW (D)

990 FNL &amp; 660 FWL

5. Lease Designation and Serial No.

N M N M 27909

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Comanche PQ Fed # 3

9. API Well No.

30-005-63398

10. Field and Pool, or Exploratory Area

Bitter Lake San Andres S

11. County or Parish, State

Chavez

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

## TYPE OF SUBMISSION

## TYPE OF ACTION

- ☒
- Notice of Intent
- 
- ☐
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

- ☐
- Abandonment
- 
- ☐
- Recompletion
- 
- ☐
- Plugging Back
- 
- ☐
- Casing Repair
- 
- ☐
- Altering Casing
- 
- ☐
- Other
- Response to ink

- ☐
- Change of Plans
- 
- ☐
- New Construction
- 
- ☐
- Non-Routine Fracturing
- 
- ☐
- Water Shut-Off
- 
- ☐
- Conversion to Injection
- 
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1)

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.)

Well was shut in on February 8, 1999  
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

I certify that the foregoing is true and correct

Signature (for Federal or State office use)

Title Field SupervisorDate 12-17-99Signed by \_\_\_\_\_  
Name of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_