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			NM 011 Cons Drawer DD	<u>. C.</u> 15510	n (51
Form 3160-5	UNITE	D STATES	Artesia, NM	88210	FORM APPROVED
(June 1990) DEPARTMENT OF THE INTERIOR					Budget Bureau No. 1004-0135 Expires: March 31, 1993
BUREAU OF LAND MANAGEMENT					5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS					<u>№</u> -25473
Do not use this fo	orm for proposals to drill o Jse "APPLICATION FOR P	or to deepen or r	eentry to a differ	ent reservoir.	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE					7. If Unit or CA, Agreement Designation
1. Type of Well Oit Well Gas Well Other Other					8. Well Name and No.
2. Name of Operator YATES PETROLEUM CORPORATION					Savage NI Fed. #5
3. Address and Telephone No.					9. API Well No.
105 South Fourth Street, Artesia, New Mexico 88210					30-005-63025 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL and 990' FEL					Pecos Slope Abo
Section 19-	T6S-R26E			V	The county of Farmin, State
			Nit I		Chaves Co., New Mexico
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO				T, OR OTHER DATA	
TYPE OF S	TYPE OF SUBMISSION TYPE OF ACTION				
Notice of	f Intent	Aba	ndonment	· · · · · · · · · · · · · · · · · · ·	Change of Plans
			ompletion		
Subseque	nt Report		ging Back		Non-Routine Fracturing
Final Aba	andonment Notice		ng Repair ring Casing		U Water Shut-Off Conversion to Injection
			T Extend APD		Dispose Water
10 00 00 00 00 00 00 00 00 00 00 00 00 0					(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locati	pleted Operations (Clearly state all perti ions and measured and true vertical dep	nent details, and give per ths for all markers and ;	tinent dates, including estin zones pertinent to this wor	nated date of starting a	any proposed work. If well is directionally drilled,
	leum Corporation wis				s expiration date
for one (1)	year from September	30, 1995.			
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					F11
RECEIVED					
				(SEP 1 3 1995
				OIL	
14. I hereby certain the the fo	esoing is the and correct	······································			
Signed	In K. 11 Gu	Regul	atory Agent	Appon	DIST. 28-22-95
(This space for Federal	State office use)			PETER W C	
Approved by Title Title Date					
Conditions of approval, if any:					
			BUREA	llor.	ũ
Title 18 U.S.C. Section 1001, r or representations as to any ma	makes it a crime for any person knowin tter within its jurisdiction.	gly and willfully to make	to any department of age	hoyEqt the United Sta	kes Apy false, fictinous or fraudulent statements CE AREA
		*See Instruction	on Reverse Side		CAREA
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