| Form 3160-5 | HALL A STATES | NM OIL CONS. COM | SION Budget Bureau N | 0. 1004-0135 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | UNI) STATES TMENT OF THE INTERI | Dra Other Instructions on | Expires August 3 5. LEASE DESIGNATION A | 31, 1985 | |
| (FormAR OF THE INTERIOR 1987 AND 88210 BUREAU OF LAND MANAGEMENT | | | NM 37451 | NM 37451 | |
| | | | 6. IF INDIAN, ALLOTTEE | OR TRIBE NAME | |
| MAR LASSINDRY NO | OTICES AND REPORTS (| JN WELLS ack to a different reservoir. | | | |
| (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.) | | | | | |
| OIL ARTESIA, CANTE | | | 7. UNIT AGREEMENT NAM | i 🏝 | |
| WELL OTHER | | | 8 PARM OR LEASE NAME | 8, PARM OR LEASE NAME | |
| Yates Petroleum Corporation | | | İ | Asparas ABX Federal | |
| 3. ADDRESS OF OPERATOR | | | 9. WELL NO. | ederar | |
| 207 South 4th St., Artesia, NM 88210 | | | 1 | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | 10. FIELD AND POOL, OR | WILDCAT | |
| | | | Wildcat - // | Wildcat - // // II. SEC., T., B., M., OR BLE. AND | |
| 790 FNL & 1980 FWL, Sec. 21-T4S-R16E | | | SURVEY OR ARMA | | |
| | | | Unit C, Sec. | 21-T4S-R16E | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | | 12. COUNTY OR PARISH | | |
| | 5635' GR | 4 | | NM | |
| | D T 1 b . b | I. (N. D. | O. D. | | |
| 16. Check | Appropriate Box To Indicate N | | | | |
| NOTICE OF INTENTION TO: | | | EQUENT REPORT OF: | UBNT REPORT OF: | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING W | BLL | |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CA | DNIE | |
| SHOOT OR ACIDIZE | ABANDON® | SHOOTING OR ACIDIZING | ABANDONMEN | T* X | |
| REPAIR WELL | CHANGE PLANS | | Intermediate Casing X E: Report results of multiple completion on Well letion or Recompletion Report and Log form.) | | |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED | OPERATIONS (Clearly state all pertine) | it details and give pertinent da | tes, including estimated date | of starting any | |
| proposed work. If well is dir nent to this work.) | ectionally drilled, give subsurface loca | tions and measured and true ver | tical depths for all markers | and sones perti- | |
| Compressive strength of to 600 psi, released pout 1:45 PM 2-12-85. | elloseal and 3% CaCl2. of cement - 1250 psi in oressure and float held WOC 18 hrs. NU and te led plug and resumed dr | 12 hrs. PD 7:45 P OK. Cement circul sted to 1000 psi fo | M 2-20-85. Bumpe ated 50 sx. WOC. | ed plug Drilled | |
| | | | R 41985 | | |
| 18. I hereby certify that the foregoing SIGNE (This space for Federal or State APPROVED BY | Do alex TITLE PI | roduction Supervisor | DATE 2-28 ACCEPTED FOR RECOPETER W. CHEST | 3–85 RD TER | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | |
| · · | | | MAR 8 1985 | ı | |
| ## | *C la_ | s on Reverse Side | 4 | | |
| ÷ | JEE INSTRUCTION | 3 OH 1/676136 JIUS 12 | HIDEAH OF LAND MANA | CEMENT | |