Form 3160-5	UNIT STATES SUBMIT IN TRIPLICAL		Form approved. Budget Bureau No. 1004-0135	
(November 1983) (Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions on two BUREAU OF LAND MANAGEMENT			5. LEASE DESIGNATION AND RESIAL NO.	
SUNDRY NO	DTICES AND REPORTS ( poperate to drill or to deepen or plug to LICATION FOR PERMIT-" for such p	ON WELLS	6. IP INDIAN, ALLOT	FES ON TRIBE NAME
1. OIL CXI GAB			7. URIT AGRESMENT HAME	
WELL A WELL OTHER			5. FARM OR LEASE NAME	
Harvey E. Yates			Caviness 10 Federal	
3. ADDREAS OF OFFICATOR P.O. Box 1933, Roswell, NM 88201			9. WBLL RO. #1	
F.U. DUX 1955, RUSWEIT, HE OOLUI 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OE WILDCAT	
			Mescalero Escarpe	
1650' FSL & 330'	11. EBC., T., R., M., OR BLK. AND BURYBY OR ARMA Sec. 10, T-18S, R-33E			
14. PERMIT NO. 15. ELEVATIONS (Show whether DP. RT. CR. etc.)			12. COUNTY OR PAR	
30-025-29849			Lea	NM
14. Check	Appropriate Box To Indicate N	Nature of Notice Report or O	ther Data	L
	TENTION TO:		ANT REPORT OF :	
			ז	
TEST WATER SHUT-OFF	NULTIPLE COMPLETE	WATER SHOT-OFF	ALTERING	
SHOUT OR ACIDIZE	ABANDON®	SBOOTING OR ACIDIZING	ABANDON:	¥EXT*
REPAIR WELL	CHANGE PLANS	(Other)	csg report	
proposed work. If well is dir nent to this work.)* 3/27/87	Ran 229 jts of 5 1/2" Cemented 1st stage w/	pth of 9587' on 3/27/ ', 17# J-55 csg, DV to 75 sks HLW + 400 sks 1375 sks HLW + 100 sk on 3/28/87	87 ol @ 7900' Class "H",	ters and somes perti-
/		ACCEPTED FOR RECOM	<b>)</b>	
18. I bereby certify that the forfeol	ng is true and correct	CARISSAD, NE	t4	/1/87
(This space for Federal or State	111LK			
APPROVED BY TITLE			DATE	
CONDITIONS OF APPROVAL	LF ANY :			
	*See Instruction	ns on Revene Side		

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Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.