Form 3160-5

UN **ID STATES** SUBMIT IN TRIP

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

(Formerly 9-3)	DEPARTMENT OF THE BUREAU OF LAND M	HE INTERIOR (Other Instruc Perse side) ANAGEMENT	ł	SIGNATION AND BERIAL NO
(Do not	SUNDRY NOTICES AND F		6. IF INDIAN	ALLOTTEE OR TRIBE NAME.
OIL GAS WELL OTHER			7. UNIT AGE	REMENT NAME
2. NAME OF OPE			8. FARM OR	LEASE NAME
Yates 3. ADDRESS OF	Drilling Company & MYCO I	ndustries, Inc.	Federa 9. Wall No.	al <u>30</u>
105 South 4th Street, Artesia, NM 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 660' FWL				ND POOL OR WILDCAT
			11. SEC., T.,	Lusk Delaware West 11. SBC., T., E., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO 30-02	5-31039 15 FLEVATIONS (Show whether DF, RT, GR, etc.)		OR PARISH 13. STATE
16.		To Indicate Nature of Notice, F		
	NOTICE OF INTENTION TO:		BUBSEQUENT REPORT O	F:
TEST WATER FRACTURE T SHOOT OR A REPAIR WEL LOther)	REAT MULTIPLE COMPLET CIDIZE ABANDON*	FRACTURE TRE. SHOOTING OR A	ATMENT	EFAIRING WELL LITERING CASING BANDONMENT*
Spudded Resumed 11-20-9 Texas P 650 sx. CaCl.	Diosed on conflicted of ERATIONS (Clearly swork. If well is directionally drilled, give is work.). 26" hole at 6:00 PM, 11-1 drilling 17 1/2" hole at 0 Ran 20 jts. new 13 3/8" atterned Guide shoe set at Howco Lite with 1/4#/sx. Circulated 100 sx. to pit. ay. WOC 12 hrs. Drilled	tate all pertinent details, and give persubsurface locations and measured are all 17-90 with rathole. Se 6:00 PM, 11-18-90, with a second seco	t 40' of 20" cond h Peterson Rig #2 ., set at 850.94 set at 806'. Cer 250 sx. Premium 0-90. Held 800#	mated date of starting any pill markers and zones pertiductor. 'KB. mented with Plus w/ 2% 15 min.,
11-21-9	O. Csg. job witnessed by	BLM Representative.		
		Ao -		RECEIVED Nov 30 1 43 AM '90 CARLOS STROE ARE/ 1 2 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
18. I hereby cer	tify that the foregoing is true and correct	TITLE Production C1	erk DATE	11-29-90
	for Federal or State office use)		DATE	
APPROVED		TITLE	DATE	
	S OF APPROVAL, IF ANY:	IIAUF	DATE	