Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMEN OF THE INTERIOR	SUBMIT IN TRIPLIC TE OR (Other instructions re	
, , , , , , , , , , , , , , , , , , , ,	BUREAU OF LAND MANAGEMENT		NM-40452
CLIVI	DRY NOTICES AND REPORTS	ECENTED	8. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this			
OIL WELL STAR STAR STAR STAR STAR STAR STAR STAR			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	QAI-		8. FARM OR LEASE NAME
	Yates Company μ C.		Shoot 12 Federal
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, N.M. 88202			9. WELL NO. #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			10. FIELD AND POOL, OR WILDCAT
See also space 17 below.)			
Unit O; 495' FSL & 1980' FEL			West Corbin Delaware
			SURVEY OR ARMA
14. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, GR, etc.)			Sec. 12, T18S, R32E
30-025-31	101	3862.3 GL	Iea NM
16.			
Check Appropriate box to indicate readile of readile, the poli, of Other Daid			
,	NOTICE OF INTENTION TO:	SUBBEC	QUENT EMPORT OF:
TEST WATER SHUT-OF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE THEATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	(Other) Spud, TD 8	ABANDONMENT* X
REPAIR WELL (Other)	CHANGE PLANS		ts of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)		details, and give pertinent date ons and measured and true verti	
	Spudded 14 1/2" hole @ 2:20 p	m 12/19/90	
12/19/90	Ran 12 jts 9 5/8" 36# J-55; S Cmtd w/500 sks C1 "C" w/2% Ca Circ 65 sks to pit; PD @ 10:3 WOC 12 hrs; Test csg 600# for	Cl 0 pm 12/19/90	
	TD 7 7/8" hole @ 8:15 pm 12/2	6/90	
12/27/90	12/27/90 Ran 119 jts 5 1/2" 17# J-55; Set @ 5200' Cmtd w/1000 sks 65/35 "H" Poz + 350 sks Cl "H" Circ 30 sks to pit PD @ 11:15 pm 12/27/90; RR @ 3:15 am 12/28/90		
			Alex
18. I hereby certify that	the foregoing is true and correct V. Teel TITLE I	Production Analyst	DATE 12/31/90
SIGNED	V. TECT TITLE I	TOURCETOIL WIGITABL	DATH 12/ 31/ 30
(This space for Fede	ral or State office use)		
APPROVED BYCONDITIONS OF A	PPROVAL, IF ANY:		DATE

*See Instructions on Reverse Side