rorm approved. SUBMIT-IN TRIPERS Budget Bureau No. 1004-0135 UNITE STATES Form 3160-5 : November 1983) Expires August 31, 1985 DEPARTMENT C. THE INTERIOR recese (adde) 5. LEASE DESIGNATION AND SERIAL NO. Formerly 9-331) BUREAU OF LAND MANAGEMENDESS, NEW MEXICO 88240 NM 26886 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (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.) 7. UNIT AGREEMENT NAME WELL XX WELL 8. TARM OR LEASE NAME NAME OF OPERATOR Pronghorn ACZ Federal Yates Petroleum Corporation 9. WBLL NO. 3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210 10. FIELD AND POOL, OR WILDCAT LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) Wildcat At surface 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA 1980 FSL &660 FWL, Sec. 29-T22S-R33E Unit L, Sec. 29-22S-33E 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO NM 3668.8' GR Lea Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF FRACTURE TREATMENT ALTERING CARING MULTIPLE COMPLETE FRACTURE TREAT ABANDON MENT SHOOTING OR ACIDIZING SHOOT OR ACIDIZE (Other) Spud well REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and gones pertinent to this work.)

Spudded 26" hole with Frank's Rathole 10:45 AM 11-30-85. Set 40' of 20" conductor pipe. Notified Walter Cox, BLM, Hobbs, 11:50 AM 11-30-85.

18. I hereby certify that the foregoing As true and correct			
	TITLE Production Supervisor	DATE 12-2-85	_
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	_

ACCEPTED FOR RECORD

(Other)

*See Instructions on Reverse Side

DEC 4- 1885