

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-10415
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	029370
7. Lease Name or Unit Agreement Name	
J.V. BAKER	
8. Well No.	9
9. Pool name or Wildcat	BLINEBERRY

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator YARBROUGH OIL L.P.	
3. Address of Operator BOX 1769 EUNICE, NM 88231	
4. Well Location Unit Letter N : 766 Feet From The SOUTH Line and 2086 Feet From The WEST Line Section 22 Township 22S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) D.F. - 3352	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. SET RETRIEVABLE BRIDGE PLUG AT 5550' TO SHUT OFF LOWER ZONES
2. PERF. CASING 5353' to 5503 TOTAL FEET 150' W/ 20 HOLES
3. ACIDIZE
4. FRAC.

EST. DATE TO BEGIN 11-15-96

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Paul Prather TITLE PARTNER DATE 10-22-96
TYPE OR PRINT NAME PAUL PRATHER (505) TELEPHONE NO. 394-2545

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 22 1996