Form 3160-5 (November 1983) (Formerly 9-331)	UNITE STA DEPARTMENT OF TH BUREAU OF LAND MA	<b>JE INTERIO</b>	SUBMIT IN TRIPLICA (Other instructions of Runnes alde) 83240	Form approve Budget Burea Expires Augu 5. LEASE DESIGNATIO NM 38469	u No. 1004-0135 st 31, 1985	
(Do not use this	DRY NOTICES AND R	EPORTS OI	N WELLS k to a different reservoir.	6. IF INDIAN, ALLOTT	EE OR TRIBE NAME	
(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.) I. OIL WELL X WELL OTHER				7. UNIT AGREEMENT	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR	OTHER			8. FARM OR LEASE N	AME	
Yates Petroleum Corporation				Kestrel ABE	Kestrel ABE Federal	
3. ADDRESS OF OPERATOR				9. WBLL NO.	9. WBLL NO.	
207 South 4th S	t., Artesia, NM 8821	0		1		
4. LOCATION OF WELL (R. See also space 17 belo At surface	port location clearly and in accord	dance with any St		10. FIELD AND POOL, Und. Bell La 11. SEC., T., B., M., OI SURVEY OR AR	ke Bone Springs	
000	102 0 1030 122, 000,	JU 1200		Unit O. Sec.	30-T23S-R34E	
14. PERMIT NO.	15. ELEVATIONS (	Show whether DF, R	T, GR, etc.)	12. COUNTY OF PARI		
	36	29' GR		Lea	NM	
16.	Check Appropriate Box 1	o Indicate Na	ture of Notice, Report, o	r Other Data		
	OTICE OF INTENTION TO :			BEQUENT REPORT OF :		
N					<b></b>	
TEST WATER SHUT-OF			WATER SHUT-OFF	BEPAIRING		
FRACTURE TREAT	MULTIPLE COMPLET	E	FRACTURE TREATMENT	X ALTERING		
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	X ABANDONS	X	
REPAIR WELL (Other)	CHANGE PLANS		(NOTE: Report rest	ults of multiple completion completion Report and Log	n on Well	
proposed work. If nent to this work.)• 3-14-85. TD 11	COMPLETED OPERATIONS (Clearly so well is directionally drilled, give	subsurface locatio	-9531' w/13 .50" h	noles as follows	ers and zones perti-	
	5, 14, 15, 16, 17, 2 acid and 20 ball seal		31'. Acidized per	rfs 9497-9531' w	7/2500 gals	
3-18-85. Set b	ridge plug at 9750',	tested to	4000 <b>#,</b> 0K.			
3-19-85. Frac'	d perforations 9497-	9626' w/79	000 gals 30# gel a	and 110000# 20/4	0 sand.	
3-23-85. Swab	testing well.					
18. I hereby certify that	the foregoing) is true and correct					
significan	te Doodlett	TITLE Pr	oduction Supervise	or DATE 3-	-25-85	
(The space for Feder	al or State office use) CEPTED FOR RECORD	<b>TITLE</b>		DATE		
CONDITIONS OF AP	PROVAL, IR HAVE					
	APR 2 1985	• • •	D			
CAR	ISBAD, NEW MEXICO		on Reverse Side	<u>.</u>		
Litle 18 U.S.C. Section United States any false	n 1001, makes it a crime for an e, fictitious or fraudulent state	ny person knowi ements or repres	ngly and willfully to make sentations as to any matte	e to any department or er within its jurisdictio	agency of the n.	

CAC 250 ACT 135 APR & 3 1985