Form 3160-3 (August 2007)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

**OCD Artesia** 

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				NM-103838	5. Lease Senal No NM-103838 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit or CA/Ag	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Oil Well Gas Well X Other PA				8. Well Name and	8. Well Name and No.	
2. Name of Operator				Oso AVV Fe	Oso AVV Federal #1	
Yates Petroleum Corporation				9. API Well No.		
3a. Address  3b. Phone No. (include area code)				30-005-1043		
105 S. 4th Str., Artesia, NM 88210 575-748-1471				{	or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)					Bear Canyon Penn 11 County or Parish, State	
CORNECT S CONTRACT OF A TACC PORT (OMICIA)				i -		
660' FSL & 660' FWL of Section 17-T19S-R20E (SWSW)					Chaves County, NM	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA						
TYPE OF SUBMISSION TYPE OF ACTION						
	Acidize	Deepen	Productic	on (Start/Resume)	Water Shut-Off	
Name	Alter Casing	Fracture Treat	Reclamat	• •	$\overline{\Box}$	
Notice of Intent	Alter Casing	Prixeture 1 text	[ ] Recizimati	ion	W'ell Integrity	
Subsequent Report	Casing Repair	New Construct	ion Recomple	ète	Other	
	Change Plans	Plug and Aband	ion Tempora	rily Abandon		
X Fural Abandonment Notice Convert to Injection		Plug Back	Water Di	/ater Disposal		
following completion of the involved operations: testing has been completed. Final Abandonnes determined that the site is ready for final inspect of the state of the site is ready for final inspect of the state of the site is ready for final inspect of	nt Notices must be filed only aft toon It respectfully reques	er eil requirements, including o	reclamation, have been com	pleted and the operator	has	
		Accepted for NMOCI		RECE FEB 2 NMOCD	IVED 8 2012 ARTESIA	
14. I hereby certify that the foregoing is true	and correct					
Name (Printed/Typed) Michelle Taylor			Title Regulatory Compliance Manager			
Signature Muchelle	Date	Dete March 21, 2008 Pe. Submitted 7-18-11 DERAL OR STATE OFFICE USE				
	7 / )	FOR FEDERAL OR 3				
Approved by James a. Uso Title SERS Date 2-25-12						
Conditions of approval, if any, are attached certify that the applicant holds legal or equiviplen which would entitle the applicant to conduct	itable title to those rights in		Office 160		Signed 2-27-10	
Vitle 18 U.S.C. Section 1001 and Title 43 U. any false, fictitious or fraudulent statements		• •	,	ake to any departmen	t or agency of the United States	

(Instructions on page 2)