Oil Cons.

N.M. DIV-Dist. 2

UNITED STATES
DEPARTMENT OF THE INTERIOR 301 W. Grand Avenue

FORM APPROVED OMB No. 1004-0135

Form 3160-5 (September 2001)

• •	BUREAU OF LA	AND MANAGEMENT $oldsymbol{eta}$	irtesia, NM	88210	Expires January 31, 2004		
SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No.		
Do not use this form for proposals to drill or re enter an					NM-66695		
an a	abandoned well. Use Forn	n 3160-3 (APD) for such p			6. If Indian, Allottee or Tribe Name		
	TRIPLICATE - Oth	er instructions on r	everse side 12345	010010111	7 If Unit or CA/Agreement, Name and/o	or No.	
1 Type of Well X Oil well Gas Well	Other	/	3031	00	8. Well Name and No.		
		285	JUN 2003		BLACKWATER ADF FEDE	ERAL #1	
2 Name of Operator Yates Petroleum	Corporation	12:	DEACHIE	N	11		
3a. Address		3b. Phone No.(include	area OCD - ARTES	10	30-005-63028		
105 S.4th St-Arte		505-748-1\Q	1 ,,,,,,,	27 /	10. Field and Pool, or Exploratory Area BLACKWATER ABO	0	
4 Location of Well UNIT L 1980' FS	(Footage, Sec.,T.,R.,M., SL & 660' FWL	OR Survey Description) \ SECTION 4-T9S-R22	ECZZOZGNE URE OF NOTIO	31 LL 3NE	11. County or Parish, State CHAVES COUNTY, N		
12 CHECK APPRO	PRIATE BOX(ES)	TO INDICATE NAT	URE OF NOTIC	E, REPO	RT, OR OTHER DATA		
TYPE OF SUBMISS			TYPE OF A	CTION			
Notice of Intent	Acidize	Deepen	Production (Start		Water Shut-Off		
	Alter Casing	Fracture Treat	Reclamation		Well Integrity		
Cubacquent Papart	Casing Repair	New Construction	Recomplete		Other SHUT-IN TEST		
X Subsequent Report	Change Plans	Plug and Abandon	Temporarily Abar	ndon			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal				
13 Describe Proposed of Completed					distribution thereof		
Yates Petroleum Corpora with the testing & reporting Shut-In wells.	tion is performing thing provisions of Supp	s Mechanical Integrit lemental Stipulation a	y Test pursuant to and agreement eff	rule 203 a ective Oct	and in full compliance ober 24, 2002, as to		
Notified Stan Mayo with E	BLM 4-2-03.						
Mechanical Integrity Test	conducted 4-2-03. C	hart attached.					
Miconamodi mogniy 100	00,1440,044 (2 00)						
	L OPE"						
	CSP*						
14 Lharahy cartify that the forest	oin true and correct		Title		continued	d on next pa	
14 I hereby certify that the foregoin true and correct Name (Printed/Typed)							
DONNA COACK			Date	REGULATORY COMPLIANCE TECH			
Signature	Oana (Jack -	1	1 <i>pril 7, 200</i> .	3		
	THIS SPACE FO	R FEDERAL OR STAT	EOFFICE USE	10			
Approved by	gorman (Conference to project and our an elimber and against the following	recommendation in communication graph, the minimal analysis of the first Communication and the state of the s	Title PL	-	Date 6/2/03		
Approved by Conditions of approval, if any, are atta	ached. Approval of this notice of	does not warrant or					
certify that the applicant holds legal o	r equitable title to those rights in		Office R F	5			
Which would entitle the applicant to c Title 18 U.S.C. Section 1001 and Title		it a crime for any person know	ingly and willbully to make	to any departm	ent or agency of the United		
States any false, fictitious or fraudule	nt statements or representation	s as to any matter within its juris	sdiction				

