Form 3160-5 UNITED STATES (August 2007) DEPARTMENT OF THE INTERIOR				OCD-ARTESLA		FORM APPROVED OMB No. 1004-0137	
	BUREAU OF LAND MANAGEMENT				E	Expires July 31, 2010	
SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No.		
Do not use this form for proposals to drill or to re-enter an						NM-043625 6. If Indian, Allottee or Tribe Name	
abandoned well. Use Form 3160-3 (APD) for such proposals.							
SUBMIT IN TRIPLICATE - Other instructions on page 2.						7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well						NMNM84604	
Oil Well Gas Well X Other PA						8. Well Name and No.	
2. Name of Operator						Saguaro AGS Federal Com #4	
Yates Petroleum Corporation						9. API Well No.	
3a. Address 3b. Phone No. (inc						··· <u>·····</u> ····························	
······································						0. Field and Pool or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)						Dagger Draw U-Penn, S. 11. County or Parish, State	
1980' FSL & 1980' FEL of Section 14-T20S-R24E (NWSE)						Eddy County, NM	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE							
TYPE OF SUBMISSION TYPE OF ACTION							
<b>F</b>		Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
Notice of Int	ent	Alter Casing	Fracture Treat	Reclamatio	n	Well Integrity	
· []		Casing Repair	New Construction	on Recomplete	2	Other	
Subsequent R	eport .	Change Plans	Plug and Aband	on Temporaril	y Abandon		
X Final Abando	nment Notice	Convert to Injection	Plug Back	Water Disp	osal		
following completion of the	involved operations. If d. Final Abandonment N	formed or provide the Bond No the operation results in a mult otices must be filed only after	iple completion or recomplet	ion in a new interval, a Form	3160-4 must be filed c eted and the operator I	nce	
		espectfully request or reclamation have		ent approval and	the release of	liability under	
						L CONSERVATION	
					l	APR 20 2015	
Well is Co-la when facil	caled with	h facility ; 1 lained	est of recl	lanation wi	П be с <del>о</del>	RECEIVED	
14. I hereby certify that the Name (Printed/Type		l correct					
	Michelle Ta	Title	Title Regulatory Compliance Manager				
Signature	helle	Jarlo	Date [	December 1, 2008	}		
	•	THIS SPACE F	OR FEDERAL OR ST	TATE OFFICE USE			
Approved by	To Om	att		Title EPS	Da	le 4/14/15	
Conditions of approval, if certify that the applicant which would entitle the ap	holds legal or equitab	le title to those rights in t		Office CFD			
Title 18 U.S.C. Section 10 any false, fictitious or fraud				•••	e to any department	or agency of the United States	

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