| Form 5.760-5  |
|---------------|
| (August 1999) |
|               |

# UNITED STATES IN Oil Cons. DIV-Dist. 2 DEPARTMENT OF THE INTENIO OIL CONS. DIV-Dist. 2 BUREAU OF LAND MANAGENSOFI W. Grand Avenue: Lease Serial No. NAME AND REPORTS ON WELL STATES OF THE PROPERTY OF THE

S

| SUNDRY<br>Do not use th<br>abandoned we                                                                                                | NOTICES AND REPO<br>is form for proposals to<br>II. Use form 3160-3 (AP                                                                     | RTS ON WELLS<br>drill <b>ART GSIO</b> T <b>NIM</b><br>D) for such proposals.                                                            | 88210   NMNM10588                                                                                                                                                                  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| SUBMIT IN TR                                                                                                                           | PLICATE - Other instruc                                                                                                                     | ctions on reverse side 112                                                                                                              | 7. If Unit or CA/A                                                                                                                                                                 | agreement, Name and/or No.                               |
| Type of Well                                                                                                                           |                                                                                                                                             |                                                                                                                                         | 8. Well Name and                                                                                                                                                                   | No.                                                      |
| Oil Well Gas Well Ot                                                                                                                   |                                                                                                                                             |                                                                                                                                         | N 2003 S GEORGE QJ                                                                                                                                                                 |                                                          |
| 2. Name of Operator YATES PETROLEUM CORP                                                                                               | Contact:<br>ORATION                                                                                                                         | ROBERT ASHER<br>E-Mail: basher@spcnm.comE                                                                                               | JEIVED   №  30-005-6344                                                                                                                                                            | 14-00-X1                                                 |
| 3a. Address<br>105 S. 4TH<br>ARTESIA, NM 88210                                                                                         |                                                                                                                                             | 3b. Phone No. (include area co<br>Ph: 505.748.4364<br>Fx: 505.748.4572                                                                  | de) TESTA N. Field and Poo                                                                                                                                                         | l, or Exploratory                                        |
| 4. Location of Well (Footage, Sec.,                                                                                                    | T., R., M., or Survey Description                                                                                                           | n) E 67.                                                                                                                                | 11. County or Par                                                                                                                                                                  | ish, and State                                           |
| Sec 26 T6S R25E SENW 198                                                                                                               | 30FNL 1980FWL                                                                                                                               |                                                                                                                                         | CHAVES CO                                                                                                                                                                          | DUNTY, NM                                                |
| 12. CHECK APP                                                                                                                          | ROPRIATE BOX(ES) TO                                                                                                                         | O INDICATE NATURE OF                                                                                                                    | F NOTICE, REPORT, OR OT                                                                                                                                                            | HER DATA                                                 |
| TYPE OF SUBMISSION                                                                                                                     |                                                                                                                                             | ТҮРЕ                                                                                                                                    | OF ACTION                                                                                                                                                                          |                                                          |
| Notice of Intent                                                                                                                       | ☐ Acidize                                                                                                                                   | Deepen                                                                                                                                  | Production (Start/Resume                                                                                                                                                           | ) D Water Shut-Off                                       |
| Notice of Intent                                                                                                                       | Alter Casing                                                                                                                                | Fracture Treat                                                                                                                          | Reclamation                                                                                                                                                                        | ☐ Well Integrity                                         |
| ☐ Subsequent Report                                                                                                                    | Casing Repair                                                                                                                               | ☐ New Construction                                                                                                                      | Recomplete                                                                                                                                                                         | Other                                                    |
| ☐ Final Abandonment Notice                                                                                                             | ☐ Change Plans                                                                                                                              | Plug and Abandon                                                                                                                        | Temporarily Abandon                                                                                                                                                                | _                                                        |
| 3. Describe Proposed or Completed Op                                                                                                   | Convert to Injection                                                                                                                        | Plug Back                                                                                                                               | ☐ Water Disposal                                                                                                                                                                   |                                                          |
| Attach the Bond under which the we following completion of the involve                                                                 | ork will be performed or provided operations. If the operation rebandonment Notices shall be fifinal inspection.)  wishes to move the locat | the Bond No. on file with BLM/I sults in a multiple completion or reled only after all requirements, including of the captioned well to | asured and true vertical depths of all p<br>BIA. Required subsequent reports sha<br>ecompletion in a new interval, a Form<br>luding reclamation, have been comple<br>2080' FNL and | ll be filed within 30 days<br>3160-4 shall be filed once |
| Thank you.                                                                                                                             |                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                    |                                                          |
| 14. I hereby certify that the foregoing                                                                                                |                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                    |                                                          |
|                                                                                                                                        | Electronic Submission in<br>For YATES PETR                                                                                                  | #19241 verified by the BLM W<br>OLEUM CORPORATION, sel<br>ocessing by Linda Askwig o                                                    | nt to the Roswell                                                                                                                                                                  |                                                          |
| Name (Printed/Typed) PATRICI                                                                                                           | <u>-</u>                                                                                                                                    |                                                                                                                                         | ULATORY AGENT                                                                                                                                                                      |                                                          |
| Signature (Electronic                                                                                                                  | Submission)                                                                                                                                 | Date 03/05                                                                                                                              | 5/2003                                                                                                                                                                             |                                                          |
|                                                                                                                                        | THIS SPACE FO                                                                                                                               | OR FEDERAL OR STAT                                                                                                                      | E OFFICE USE                                                                                                                                                                       |                                                          |
| Approved By ARMANDO A LOPE                                                                                                             |                                                                                                                                             |                                                                                                                                         | S ASST FIELD MANAGER                                                                                                                                                               | Date 06/09/2003                                          |
| conditions of approval, if any, are attach<br>ertify that the applicant holds legal or ea<br>which would entitle the applicant to cond | uitable title to those rights in th                                                                                                         | s not warrant or<br>le subject lease Office Rosw                                                                                        | ell                                                                                                                                                                                |                                                          |

1625 N. Franch, Dr., Hobbs, NM 68840

Roomy, Minerals and Natural Resources Department

Revised March 17, 1960 Instruction on back

Submit to Appropriate District Office

State Lease - 4 Copies
Fee Lease - 3 Copies

DISTRICT II 811 South First, Artesia, NM 68210 DISTRICT III 1000 Rio Brazzo Rd., Aztec, NM 87410

DISTRICT IV 2016 South Pacheco, Santa Fe, NM 87606 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AMENDED REPORT

### WELL LOCATION AND ACREAGE DEDICATION PLAT

| API Number          | Pool Code             | Pool Name                            |
|---------------------|-----------------------|--------------------------------------|
| Property Code       | Proper<br>GEORGE "OJ" | ty Name Well Number FEDERAL 11       |
| 0GRID No.<br>025575 | •                     | or Name Bevation UM CORPORATION 3765 |

#### Surface Location

| UL or lot No. | Section | Township   | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|------------|-------|---------|---------------|------------------|---------------|----------------|--------|
| F             | 26      | <b>6</b> S | 25E   |         | 2080          | NORTH            | 1350          | WEST           | CHAVES |

#### Bottom Hole Location If Different From Surface

| UL or lot No.   | Section  | Township  | Range         | Lot ldn | Peet from the | North/South line | Feet from the | East/West line | County   |
|-----------------|----------|-----------|---------------|---------|---------------|------------------|---------------|----------------|----------|
| Dedicated Acres | Joint or | infill Co | neolidation ( | ode Or  | er No.        | ,                |               |                | <u> </u> |

## NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION







