Form 3160-5 (August 1999)

or fraudulent statements or representations as to any matter within its jurisdiction.

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

OCAL- COMP COPY FORM APPROVED CAMP NO COLOR

•	BUREAU OF	LAND MANAGEMEN	T (2222)	Expires November 30, 2000 5. Lease Serial No.
	SUNDRY NOTICES	AND REPORTS ON	WELLS 212223242620	5. Lease Serial No.
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-86241 6. If Indian, Allottee or Tribe Name
			12 DECEIVED	7. If Unit or CA/Agreement, Name and/or No.
SU	IBMIT IN TRIPLICATE - C	Other Instructions on re	verse side - ARTESIA	평/ SCR-70
1. Type of Well		,	15 000 M	8. Well Name and No.
X Oil Well	Gas Well	Other	Injection	HILLVIEW AHE FED COM # 5
2. Name of Operator			11016819540	9. API Well No. <b>30-015-26600</b>
Yates Petroleum Corporation				
3a Address		3b. Phone No. (include area code)		10. Field and Pool, or Exploratory Area
105 S. 4th Street - A		505-748-1471		DACCER DRAW HIDDER BENN SO
4. Location of Well (Footage, Sec., T.,R., M., or Survey Description)				DAGGER DRAW UPPER PENN, SO.  11. County or Parish, State
660' FNL & 660' FEL Section 23-T20S-R24E Unit A				The Southly of Fallon, State
OUT THE GOOD FEE OCCUPANT OF THE COMMEN				EDDY COUNTY, NM
12. CHECK APP	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPORT, OR OTHE	
TYPE OF SUBMISSION			TYPE OF ACTION	
X Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	Other
				Extend T/A status
	Change Plans	Plug and Abandon	Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	
Yates Petroleum Corp workover and/or recon MIT test was conducte	pletion potential.	quests permission to e	extend the TA status of this v	well in order to fully evaluate for
Chart attached.	<b>,</b> ,			
			<i>∞</i>	
I hereby certify that the foregoing	is true and correct		A COL	
Name (Printed/Typed)		ARTON	Title	
Donna Clack			Regulatory Complian	rce , tecu
Signature Allun		- Control	7-13-03	
	·	THIS SPACE FOR FEDE	RAL OR STATE OFFICE USE	
Approved by	Approved by			Date
Conditions of approval, if any, are the applicant holds legal or equite applicant to conduct operations the	e attached. Approval of this notice able title to those rights in the subje- nereon.	does not warrant or certify that ect lease which would entitle the	Office	
Title 18 U.S.C. Section 1001 and	Title 43 U.S.C. Section 1212, make	e it a crime for any person know	ingly and willfully to make to any departme	ent or agency of the United States any false, fictitious

