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

## BUREAU OF LAND MANAGEMENT

OMB No. 1004-01
Expires January 31,

BUF SUNDRY NO Do not use ti	UNITED STATES PARTMENT OF THE INTER REAU OF LAND MANAGE OTICES AND REPORT his form for proposals to dri l. Use Form 3160-3 (APD) for	TS ON WELLS TO S	22 23 24 25 25 27 26 2 27 25 26 27 26 2	0		
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Oil Well X Ga	s Well Other	9978	21	8. Well Name and	No.	
2. Name of Operator	Buder ACN Federal #3					
Yates Petroleum Corporation	·	9. API Well No.				
3a. Address	00240	3b. Phone No. (include area co	•	30-005-6357	<del></del>	
105 S. 4th Str., Artesia, NM 4. Location of Well (Footage, Sec., T., R., M	505-748-1471	·	10. Field and Pool Precambriar	i, or Exploratory Area		
4. Location of vven (Poolage, Geo., F., N., W.	, On Survey Description)			11. County or Pari		
1750'FNI a	nd 1980'FWL of Sec	rtion 22-T6S-R26F			nty, New Mexico	
<del></del>		INDICATE NATURE C	F NOTICE RE			
TYPE OF SUBMISSION	1	· · · · · · · · · · · · · · · · · · ·	E OF ACTION			
TITE OF SUBMISSION				<u> </u>		
	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	•	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other Surface	
	Change Plans	Plug and Abandon	Temporarily	y Abandon <u>casing</u>		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo	osal		
	complete horizontally, give subsurfar performed or provide the Bond I is. If the operation results in a minent Notices shall be filed only a cition.)  100 AM.  g at 970'. Cemented	face locations and measured and true No. on file with BLM/BIA. Required nultiple completion or recompletion in	e vertical depths of all p subsequent reports sha a new interval, a Form nation, have been comp	ertinent markers and z all be filed within 30 3160-4 shall be filed bleted, and the operato	th 200 sx "C" with	

<ol> <li>I hereby certify that the foregoing is true and correct Name (Printed/Typed)</li> </ol>				
Tina Huerta		Regulatory Compliance Supervisor		
Signature Line Husta	Date	September 16, 200	3	
THIS SPACE FOR FE	DERAL OR	STATE OFFICE USE		
Approved by	Title	Date		
Conditions of approval, if any, are attached. Approval of this notice does not wal certify that the applicant holds legal or equitable title to those rights in the subje which would entitle the applicant to conduct operations thereon.	Office			
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