Form 31(0-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED

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.



OMB No 1004-0137 Expres July 31, 2010

5 Lease Senal No NM-39635

abandoned well. Use Form 3160-3 (APD) for such proposals.			6 If Indian, Allottee	6 If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7 If Unit or CA/Agreement, Name and/or No	
1 Type of Well Oil Well	Gas Well X Other	swd OCT 3 1 2007	8 Well Name and N	in	
000					
2 Name of Operator OCD-ARTES			Mimosa AHS Federal #3-Y		
Yates Petroleum Corpo	ration	A STATE OF THE STA	9 API Weli No	9 API Weli No 30-015-29123	
3a Address	NIM 99240	3b Phone No (<i>include area code</i>) 575-748-1471			
105 S. 4th Str., Artesia	c, T,R,M, OR Survey Description)	373-740-1471		10 Field and Pool or Exploratory Area SWD-Ellenburger	
T Eddallor of Well (Foolage, Ge	o , r , r , m , or courvey becompain		11 County or Parish		
635'FSL & 330'FEL of Section 4-T20S-R24E (Unit P, SESE)			1	Eddy County, New Mexico	
	<u></u>	NDICATE NATURE OF NOTICE			
TYPE OF SUBMISSI	<u>'</u>	TYPE OF ACTI	-		
	Acidize	DeepenProdu	action (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat Recla	mation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction Recor	mplete	X Other Name	
ono request representation	Change Plans	Plug and Abandon Temp	Dotarily Abandon	Change	
Final Abandonment A	Notice Convert to Injection	Plug Back Water	r Disposal		
following completion of the involver testing has been completed. Final determined that the site is ready for Former Wellname:	d operations if the operation results in a mu Abandonment Notices must be filed only after	to on file with BLM/BIA Required subsequent repultiple completion or recompletion in a new interval, a rall requirements, including reclamation, have been	Form 3160'4, must be filled one completed and the operator has a CCEPTED OCT	B. Angertana	
14 I hereby certify that the foregon Name (Printed/Typed)	·				
	Tina Huerta	Title Regulatory Co	mpliance Superviso)r	
Signature (Hunta	Date October 16, 20	007		
	THIS SPACE I	FOR FEDERAL OR STATE OFFICE US	BE		
Approved by		Title	Date		
Conditions of approval, if any, as	re attached Approval of this notice doe egal or equitable title to those rights in to conduct operations thereon	s not warrant or	15010		

Title 18 U S C Section 1001 and Title 43 U S C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States

any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction