

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000

95F

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well  
 Oil Well    Gas Well    Other

2. Name of Operator  
 Yates Petroleum Corporation (Fasken Oil & Ranch, Ltd)

3a. Address  
 105 S. 4th St. - Artesia, NM 88210

3b. Phone No. (include area code)  
 505-748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 1980' FNL & 1980' FEL of Section 10-T19S-R25E (Unit G, SWNE)

5. Well No. **KC NM-064488-E**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
**Arco Federal 10 #2**

9. API Well No.  
**30-015-20692**

10. Field and Pool, or Exploratory Area  
**Dagger Draw Upper Penn, No.**

11. County or Parish, State  
**Eddy Co., NM**

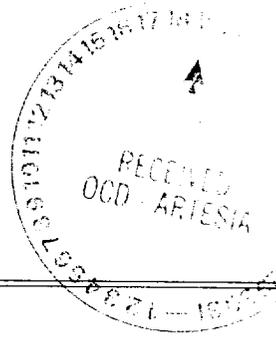
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Recomplete to Canyon</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Propose to abandon perforations 9026-9068' (Morrow) and recomplete to Canyon as follows:

1. Install wellhead. Nipple up BOP.
2. POOH with 2-3/8" tubing and perma-latch packer.
3. Set CIBP at 9000' and cap with 35' of cement to abandon perforations 9026-9068' (Morrow). TIH with tubing open ended. Pickle tubing with 15% iron control HCL acid.
4. Perforate 7640-7660', acidize as necessary for production.
5. Swab test/flow test.
6. Place well into production.



14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Rusty Klein Title Operations Technician

Signature *Rusty Klein* Date October 10, 2000

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA Title PETROLEUM ENGINEER Date OCT 16 2000

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office \_\_\_\_\_