Form 3160-5 (August 1999)

$U_{\rm L} = ED \; STATES$ DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oil ns Division
FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

CHNDE	DOREMO OF LAND MAIN	DTC ON W	euc Ark	sia. NM 8	829 UZRB3	erial No.			
SUNDRY NOTICES AND REPORTS ON WELLS Artesia, NM 80 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-100521 6. If Indian, Allottee or Tribe Name			
						6. It filolan, Anottee of Thoe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well			<u> </u>	3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 	_				
Oil Well 🛛 Gas Well 🔲 Other			A	**************************************	8. Well Name and No.				
2. Name of Operator			- T	-	Mule Deer ATU Federal Com #2				
Yates Petroleum Corporation			* 11 ° 11	·	9. API Well No.				
			o. (include lated		30-015-31223				
		48 14 721	ESIN	10. Field and Pool, or Exploratory Area					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL & 660' FEL of Section 11-T21S-R21E (Uni				Wildcat Morrow 11. NESE) 11. County or Parish, State					
2310, EST & 660,	FEL of Section II-1	1215-K21E	(Unit 1,	NESE)	11. County	or ransn, state			
					E	Eddy Co.,	NM		
12. CHECK AP	PPROPRIATE BOX(ES) TO	INDICATE	NATURE (OF NOTICE, R	EPORT, OF	R OTHER DA	ATA		
TYPE OF SUBMISSION TYPE OF ACTION									
m.	Acidize	Deepen		Production (Star	1/Resume)	Water Shi	ut-Off		
Notice of Intent	☐ Alter Casing	Practure To	eat 🔲	Reclamation		Well Inter	grity		
Subsequent Report	Casing Repair	New Const	ruction 🔲	Recomplete		Other _			
Change Plans		Plug and Abandon Tem		Temporarily Ab	/ Abandon				
Final Abandonment Notice Convert to Injection		Plug Back	ug Back						
ulated 12-1/4" hole with ulated	13-3/8" 48# H-40 S 9-5/8" 36# J-55 LT " 26# L-80 LT&C ca back to 4000'	&C casing	set at 2	2050' with	750 sacl	ks of ceπ	ent, circ-		
	13-3/8" 48# H-40 S		g set at ED ON NEX		400 saci	ks of cem	nent, circ-		
14. I hereby certify that the foregoin	g is true and correct								
Name (Printed/Typed)			Title Open	_					
Rusty Klein	///)		Ope:	rations Te	<u>chnician</u>				
Signature Walus	lein		Date Augu	ust 11, 200	00				
1	THIS SPACE F	OR FEDERA							
Approved by ORIG. St	GD. LES BABYAL		FIRC	LEUM ENG	INEER	nte AUG 1	S 2000		
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice il or equitable title to those rights	does not warra in the subject	nt or						

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.