Form 3160-5 (August 1999)

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

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## OPERATOR'S COPY

FORM APPROVED OMB No. 1004-0135

Expires November 30, 2000 5. Lease Serial No.

SUNDRY	NOTICES	AND I	REPORT	3 ON	WELLS
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	NM-339	NM-33943					
	abandoned well. Use Fo	6. If Indian,	Allottee or Tribe Name				
					N/A		
					CA/Agreement, Name and/or No.		
S	UBMIT IN TRIPLICATE -	N/A	=== <sub>N/A</sub>				
1. Type of Well				8. Well Nan	ne and No.		
Oil Well	x Gas Well	Other	•	MELEN	MELENA FEDERAL #1		
2. Name of Operator			<del></del>	9. API We	ill No.		
Yates Petroleum C	orporation			30-005-	30-005-60865		
3a Address		3b. Phone No. (incl.	ide area code)	10. Field an	10. Field and Pool, or Exploratory Area		
105 S. 4th Street - A		505-748-1471					
<ol> <li>Location of Well (Footage, Se</li> </ol>	ec., T.,R., M., or Survey Desci		LOPE ABO				
	WL Section 15	-T9S-R24E UNI		11. County of	11. County or Parish, State		
660' FNL & 1980' F							
45 0115011					COUNTY, NM		
12. CHECK APP	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	F NOTICE, REPORT, OR OTH TYPE OF ACTION	ER DATA			
TTPE OF SOBINISSION			THEOFACTION		<del></del>		
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-	Off		
X Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well integrity	<i>(</i>		
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	<b>X</b> Other	SHUT-IN TEST		
	Change Plans	Plug and Abandon	Temporarily Abandon				
	Convert to Injection	Plug Back	Water Disposal				
3 Describe Proposed or Completed (	Operation (clearly state all perfine	of details, including estimated sta	arting date of any proposed work and app	croximate duration therer	of If the proposal is to deepen		
reclamation, have been completed,	and the operator has determined ion is performing this Med	that the site is ready for final ins chanical Integrity Test pu	irsuant to Rule 203 and in full o	compliance with the	-		
testing and reporting provis	sions of Supplemental Sti	pulation and Agreement	effective October 24, 2002, as	to Shut-in Wells.			
ي ن	ROVED FOR 12	MONTH PERIO	OD .				
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IDN	MG 4/15/2	04					
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		•					
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I hereby certify that the foregoing is	true and correct						
Name (Printed/Typed)			Title				
Donna Clack			Regulatory Complian	ce Technician			
Signature	110-1	7	Date				
al and	2 ( Salb	/	04-15-03				
	TI	IS SPACE FOR FEDER	RAL OR STATE OFFICE USE				
Approved by	11		Title A=		Date /2		
	-6-12r-		-   /-		10/4/63		
Conditions of approval, if any, are att the applicant holds legal or equitable			Office		٤		
applicant to conduct operations there	on.		1 /2/0				
Tille 18 U.S.C. Section 1001 and Title	e 43 U.S.C. Section 1212, make it	a crime for any person knowing	ly and willfully to make to any departmen	t or agency of the United	States any false, fictitious		