	BUR SUNDRY NO Do not use the abandoned well.	UNITED STATES PARTMENT OF THE INTE EAU OF LAND MANAGE OTICES AND REPORT is form for proposals to dri Use Form 3160-3 (APD) for	EMENAY FS ON W Ill or re ente or such pro	ELUS er an RECE posalso -		134567897			tee or Tribe N	o135 , 2004 ame		
1. Type of Well Gas Well Other								8. Well Name and No.				
2. Name of Operator								Ber	nett Fede	eral #2		
Yates Drilling Company								9. API Well No.				
					No. (include area code)				30-015-32189			
105 S. 4th Str., Artesia, NM 88210 4. Location of Well (Footage, Sec.,T.,R.,M., OR Survey Description)				505-748-8663				10. Field and Pool, or Exploratory Area Bone Spring				
4. Location of Well (Poolage, Sec., F., K., Mr., OK Survey Description)							}	11. County or Pa		iiig		
2310' FSL & 2310' FWL Section 30-25				S-30F				Eddy C	,	1		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE							E, REP					
TYPE OF SUBMISSION TYPE OF ACTION												
X Subs Fina 13. Describe Proposed of the proposal is to do Attach the Bond undefollowing completion testing has been condetermined that the s 8/2/2006 8/3/2006 8/4/2006 8/10/2006	leepen directionally or recomper which the work will be per of the involved operations. If upleted. Final Abandonment site is ready for final inspection RIH and set at 9348'. Perforated Bone Sprir Acidized with 2500 gal.	Tested casing and RBP nags 9233'-9236', 2 SPF, as 15% HCL and 60 ball so gals frac fluid, 61,000# and well back.	ding estimater locations and on file with E ole completion all requirement to 1500# ff 41" holes; sealers. Fi	d measured and BLM/BIA. Reconstruction of recomplete or 10 min, 9264'-927 lowing well	of any propos of true vertical quired subsequition in a new in reclamation, h held good. 4', 2 SPF, back.	Re Re Wassed work a depths of uent reponterval, anawe been	clamation complete imporarily / ater Dispos and approxio full perline orts shall be Form 3160 a completed bles.	imate duration therent markers and zore filed within 30 da-4 shall be filed oil, and the operator I	eof. nes. noce nas	ECORD		
Name (Printed/		d correct										
Karen J. Leishman					Title Operations Tech							
Signature	Karen J Le	eshwan		Date	8/21/20	06						
	1	THIS SPACE F	OR FEDE	RAL OR S	TATE OFF	ICE US	SE					
Approved by					Title			Da	ate			
Conditions of approv		pproval of this notice does in the title to those rights in the trations thereon.			Office	A	goodboo	l for record	- NMOCD	92		