Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

DRY NOTICES AND REPORTS ON WELL

5 Lease Serial No.

De not use this form for proposals t		NM-9187
abandoned well. Use Form 3160-3 (A	PD) for such proposals.	6 If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other	r instructions on page 2.	7 If Unit or CA/Agreement, Name and/or No.
	SEP 13 2007	8. Well Name and No
2 Name of Operator	OCD-ARTESIA	Box Canyon Unit #6
Yates Petroleum Corporation	3b. Phone No. (include area code)	9 API Well No
3a. Address 105 S. 4th Str., Artesia, NM 88210	505-748-1471	30-015-35480 10 Field and Pool or Exploratory Area
4 Location of Well (Footage, Sec., T., R., M., OR Survey Description		Undes. Little Box Canyon; Morrow
Surface - 1340'FNL & 1100'FWL of Section 24		11 County or Parish, State
BHL - 660'FNL & 1980'FWL of Section 24-T21	•	Eddy County, New Mexico
	TO INDICATE NATURE OF NOTICE	
TYPE OF SUBMISSION	TYPE OF ACTION	
Acidize	Deepen Produ	iction (Start/Resume) Water Shut-Off
Notice of Intent Alter Casing	Fracture Treat Reclar	mation Well Integrity
X Casing Repair	New Construction Recon	mplete X Other Surface and
Subsequent Report Change Plans	Plug and Abandon Temp	ooranly Abandon Intermediate
Final Abandonment Notice Convert to In	pjection Plug Back Water	r Disposal <u>casing</u>
0.125#/sx Poly-E-Flake + 2% CaCl2 (yld 1.35, wt 14.8). Cement did not of to surface. Pumped redi-mix to surface. Pumped redi-mix to surface. Set 9-5/8" 36# J-55 casing at 2089'. with 200 sx Premium Plus. Cement	Cemented with 150 sx Thixset + 10a (yld 1.59, wt 14.4). Tailed in with 428 circulate. WOC. Tagged at 25'. NO ace. WOC 34 hrs 40 min. Reduced Cemented with 150 sx Thixotropic a did not circulate. WOC. Ran tempers Class "C" with additives. Tested care	#/sx CalSeal + 10#/sx Gilsonite + 5 sx Premium Plus "C" + 2% CaCl2 TE: Received permission to redi-mix hole to 12-1/4" and resumed drilling. and 580 sx Halliburton Lite. Tailed in rature survey and found TOC at 750'.
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)		
Tina Huerta	Title Regulatory Cor	mpliance Supervisor
	A	mpliance Supervisor OF RECORD Date 1 2001
Signature (Cha) Huera	Date August 21, 200	" POLED FO'
THIS SP	ACE FOR FEDERAL OR STATE OFFICE US	ACCEPT 1 2001
Approved by Conditions of approval, if any, are attached. Approval of this not certify that the applicant holds legal or equitable title to those rewrich would entitle the applicant to conduct operations thereon Title 18 U S C Section 1001 and Title 43 U S C Section 1212, many falls of official sections and the section 1001 and Title 43 U S C Section 1212, many falls of official sections and the section 1001 and Title 43 U S C Section 1212, many falls of the section 1001 and Title 43 U S C Section 1001 and Title 43 U S C Section 1212, many falls of the section 1001 a	ice does not warrant or ights in the subject lease Office Office Office	SEP SICK WRIGHT
any false, fictitious or fraudulent statements or representations as (Instructions on page 2)	o any matter within its jurisdiction	PETRO
Accepted for record - NMOCD		