Form 3 160-5 (Angust 1909)

UNITED STATES DEPARTMEN'T OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

OCD-ARTESIA

FORM APPROVED OMB No 1004-0135 Expires Jnovember 30, 2000

Lease Serial No.

NM-0557142

6.	If Indian,	Allottee	or Tribe	Name

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6.	6. If Indian, Allottee or Tribe Name	
	"我们的现在分词是这一种是有多数的特别。" 医二类形式	uctions on reverse sig		If Unit or CA/Agreement, Name and/o	
1. Type of Well		A SECRETARY STATES OF STATES OF	TURKE PARA	12695	
Oil Well Gas Well	8.	Well Name and No.			
2. Name of Operator		Ross EG Federal Com #11			
Yates Petroleum Corporatio	9.	API Well No.			
3a. Address	3b. Phone No. (include area code)		30-015-35566		
105 South Fourth Street, Ar	tesia, NM 88210	(575) 748-1471		10 Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Descripti	ion) 4 DD 1 0 0000	1	N. Dagger Draw Upper Penn	
1980' FSL and 1980' FEL, U	APR 1 0 2008		. County or Parish, State		
Section 20, T19S-R25E		OCD-ARTESIA		Eddy County, New Mexico	
ΓΕ NATURE OF NOTICE, REPO	RT, OR OTHER DATA				
TYPE OF SUBMISSION	F ACTION				
Notice of Intent	Acidize Alter Casing	Deepen	Reclamation		
Subsequent Report	Casing Repair	New Construction	Recomplete	Other Extend	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily All Water Disposal		
Following completion of the involved	k will be performed or provide the operations. If the operation results bandonment Notices shall be filed	e Bond No. on file with BLM/BIA s in a multiple completion or recom	Required subsection in a new is	ed work and approximate duration thereof. depths of all pertinent markers and zones quent reports shall be filed within 30 days nterval, a Form 3160-4 shall be filed once have been completed, and the operator has	
Yates Petroleum Corporatio	n wishes to extend the	captioned well's APD f	for two (2) ye	ears to April 24, 2010.	
H2S Contingency Plan attac	ched.	•			
Thank you.	NPPROVED FOR 24 N	ONTH PERIOD C		ACHED FOR ONS OF APPROVAL	
14. I hereby certify that the foregoin Name (Plinted/Typed)	g is true and correct	Title Regulatory Agent/L	and Departr	Email ment cy@ypcnm.com	
Signature		Date		-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	\sim	March 24, 2008			

Title 18 U S C Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United Salses factitious or fraudulent statements or representations as to any matter within its jurisdiction.

Office

EDERAL OR STATE USE

Approved by

which would entitle the applicant to conduct operations thereon.

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