Form 3160-5 (August 2007)

(Instructions on page 2)

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

## OCD-ARTESIA

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

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SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

5 Lease Serial No NM-104661

abandoned well. Use Form 3160-3 (APD) for such proposals.				6 If Indian, Allotte	ee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7 If Unit or CA/A	greement, Name and/or No.
1 Type of Well.				NM-116468	• , •
Oil Well X Ga	s Well Other	her MAY 2 8 2008		8 Well Name and	i No
2 Name of Operator OCD-ARTESIA				— ⊢Paintbrush F	3HR Federal Com #2
Yates Petroleum Corporation				9 API Well No	1
3a Address 3b Phone No (include area code)				30-015-357	11
105 S. 4th Str., Artesia, NM 88210 575-748-1471				10 Field and Pool or Exploratory Area	
4 Location of Well (Footage, Sec., T., R., M., OR Survey Description)				Chosa Draw	<del></del>
				11 County or Par	
1060'FNL & 1650'FEL of Section 20-T25S-R26E (Unit B, NWNE)  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R					y, New Mexico
12. CHECK APPROP	RIATE BOX(ES) TO IN	NDICATE NATURE O	F NOTICE, I	REPORT, OR O	THER DATA
TYPE OF SUBMISSION	TYPE OF ACTION			7	
	Acidize	Deepen	Productio	on (Start/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamati	, ,	
Nouce of Intent		H	一		Well Integrity
X Subsequent Report	Casing Repair	New Construction	Recomple	ete	X Other Set packer
	Change Plans	Plug and Abandon	Tempora	nly Abandon	and tbg.
Final Abandonment Notice	Convert to Injection	Plug Back	Water Di	sposal	
13. Describe Proposed of Completed Operation. C	learly state all pertinent details, incl	Luding estimated starting date of any	proposed work and	approximate duration th	areaf If
testing has been completed. Final Abandonmidetermined that the site is ready for final inspection.  4/22/08 Set a 4-1/2" AS-1 page.	ction.	all requirements, including reclamati			ED FOR RECORD
		<b>oled för reco</b> rd <b>NMO</b> CD		ت BUREAU O	AY 2 5 2008  Amus  F LAND MANAGEMENT BAD FIELD OFFICE
14 I hereby certify that the foregoing is true Name (Printed/Typed)	and correct	<del></del>	5.		
			atory Comp	liance Supervis	sor
Signature ( ) Date May 15, 2008					
	THIS SPACE FO	OR FEDERAL OR STATE (			
<del></del>	o or roll (	TOTAL ON OTALE			
Approved by				Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equipment would entitle the applicant to conduct	itable title to those rights in the operations thereon	e subject lease Office			
Title 18 U.S.C Section 1001 and Title 43 U any false, fictitious or fraudulent statements			nd willfully to mak	e to any department	or agency of the United States