		CH Cors. DI	1-Dist. 2
Form 3160-5 (September 2001)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or re enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			5. Lease Serial No. NM-78215 6. If Indian, Allottee or Tribe Name
SUBMIT IN T	RIPLICATE - Other instructions	s on reverse side	7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well Oil Well X	Gas Well Other	100000 00 00 00 00 00 00 00 00 00 00 00	8. Well Name and No.
2. Name of Operator Yates Petroleum Corpo	ration /		Hickory ALV Federal #1
3a. Address 105 S. 4th Str., Artesia		No. (include area code) 505-748-1471	30-015-10566 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)			Indian Basin Upper Penn 11. County or Parish, State
	50'FWL of Section 17-T22S-R2 ROPRIATE BOX(ES) TO INDIC.		Eddy County, NM CE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			
If the proposal is to deepen directional Attach the Bond under which the wor following completion of the involved testing has been completed. Final A determined that the site is ready for fit 10/25-27/02 Put 10/29/02 Sq 10/30/02 Put Put 11/1-3-02 Sq	pration (clearly state all pertinent details, including es illy or recomplete horizontally, give subsurface locati k will be performed or provide the Bond No. on file operations. If the operation results in a multiple con- bandonment Notices shall be filed only after all req nal inspection.) mped 50 bbls 2% KCL down tub ueeze off Canyon perfs with 200 mped 200 sx Thixotropic with 19 mped 200 sx "H" Neat with 2% (ueezed Canyon perfs with 200 s -squeeze Canyon with 100 sx Th	Fracture Treat Rec New Construction Rec Plug and Abandon Ter Plug Back Wa stimated starting date of any processed w ons and measured and true vertical deg with BLM/BIA. Required subsequent puetion or recompletion in a new inten puetion precompletion in a new inten puetion or recompletion in a new inten puetion or recompletion in a new inten puetion or a cost in a new inten puetion or a new inten	oths of all pertinent markers and zones. reports shall be filed within 30 days. val. a Form 3160-4 shall be filed once been completed, and the operator has d up BOP. sx "H" Neat. Neat with 1% Calcium. Did not squeeze. Neat. val. val.cium + 200 sx "H" Neat.
Name (Printed/Typed)	lina Huerta	Title Regulatory C	ompliance Supervisor
Signature	Huerta	Date November 20	0. 2002
	THIS SPACE FOR FE	DERAL OR STATE OFFICE	USE
certify that the applicant holds leg which would entitle the applicant to		ject lease Office	Date
	itle 43 U.S.C. Section 1212, make it a crime for lent statements or representations as to any n		ally to make to any department or agency of the United