Form 3160-5 (August 1999)

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

FORM APPROVED
OMB No. 1004-0135
m :

OMB No. 1004-0135	
Expires November 30,2000	

5.	Lease	Serial	No.

SI	JNDRY NOTICES AI	ND REPORTS ON	WELLS	5. Lease Serial No.	
Do not use this form for proposals to drill or re enter an			NM-1372		
an a	bandoned well. Use Form	3160-3 (APD) for such	proposals.	6. If Indian, Allottee or Tribe Nar	ne
SUBMIT IN	TRIPLICATE - Oti	ner instructions or	reverse side	7 If Unit or CA/Agreement, Na	me and/or No.
1 Type of Well			16. 10 1 WOOD		<u> </u>
X Oil well Gas Well	Other	<u> </u>	A 33	8. Well Name and No.	
2 Name of Operator		/ / Pr	1 - 1 5003 B	WARREN ANW FED	ERAL #7
Yates Petroleum	Corporation	C)	ACCUIED NI	9. API Well No.	
3a. Address		3b. Phone No.(inclu	de area code ARTESIA 07	30-015-28	839
105 S.4th St-Arte	sia, NM 88210 (Footage, Sec.,T.,R.,M., SEC.9-T19S-R25E (SE	505-748-914	71000 - 1111	10. Field and Pool, or Explorato	ry Area
4 Location of Well	(Footage, Sec.,T.,R.,M.,	OR Survey Description)	2. 18/	DAGGER DRAW U/	PENN N.
660'FSL, 1980FWL	SEC.9-T19S-R25E (SI	ESW)	Cos, _1000	11. County or Parish, State	
		UT · N		EDDY, N	М
12. CHECK APPRO	PRIATE BOX(ES)	TO INDICATE NA	ATURE OF NOTICE, REF	PORT, OR OTHER DATA	4
TYPE OF SUBMISS	ION		TYPE OF ACTION		
X Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
Notice of litterit	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
	Aiter Casing				=
Subsequent Report	Casing Repair	New Construction	Recomplete	X Other DISCONNECT PIPE	LINE
	Change Plans	Plug and Abandon	Temporarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
Attach the Bond under which the following completion of the involvtesting has been completed. Findetermined that the site is ready	work will be performed or pro ed operations. If the operation inal Abandonment Notices sha for final inspection.)  be disconnectin	vide the Bond no. on file w results in a muliple completion all be filed only after all reco	s and measured and true vertical depths of with BLM/BIA. Required subsequent repon or recompletion in a new interval, a figurements, including reclamation, have system effective Apples System effective	orts shall be filed within 30 days. Form 3160-4 shall be filed once completed, and the operator has	
14 I hereby certify that the foreg	•		Title		***************************************
Michelle Taylor			Reg. Comp. Mgr		
Signature 7/10	helle Tay	les 8	Date March 13, 2003		
	THIS SPACE FO	R FEDERAL OR STA	TE OFFICE USE		
Approved by			Title	Date	
Conditions of approval, if any, are att certify that the applicant holds legal of Which would entitle the applicant to determine the applicant that the applicant to determine the appl	r equitable title to those rights i conduct operations thereon.	n the subject lease	Office		
Title 18U.S.C. Section 1001 and Title States any false, fictitious or fraudule	(2)	- · · · · · · · · · · · · · · · · · · ·	owingly and willbully to make to any depar urisdiction	rtment or agency of the United	