Form 3160-5 (April 2004)

## N.M. Oil Cons. DIV-Dist. 2

UNITED STATES 1301 W. Grand Avenue DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGE AFTER SIA, NM 88210

FORM APPROVED

OMB No. 1004-0135 Expires March 31, 2007

| 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-045275 6. If Indian, Allottee or Tribe Name |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|--------------------------------------------------------------------|--|
| SUBMIT IN TRIPLICATE - Other i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nstructions on reve                                                                                                                                          | rse side                                        | 7. If Unit or CA/Agi        | reement, Name and/or No.                                           |  |
| 1. Type of Well Oil Well  Gas Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other                                                                                                                                                        | RECEIVED FEB 2 5 2005                           |                             | 8. Well Name and No.  Conoco AGK Federal #8                        |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                              |                                                 |                             |                                                                    |  |
| Yates Petroleum Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 96                                                                                                                                                           | OCD-ARTESIA                                     |                             | 9. API Well No.                                                    |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                              | 3b. Phone No. <i>(include area code)</i>        |                             | 1                                                                  |  |
| 105 S. 4th Str., Artesia, NM 88210 4. Location of Well (Footage, Sec., T., R., M., OR Survey Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                              | 505-748-1471                                    |                             | 10. Field and Pool, or Exploratory Area Wildcat Glorieta Yeso      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                 | '                           | 11. County or Parish, State                                        |  |
| 1980'FNL & 810'FEL of Section 26-T20S-R24E (Unit H, SENE)  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                              |                                                 |                             | Eddy County, New Mexico                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO INDICATE NATO                                                                                                                                             | JRE OF NOTIC                                    | E, REPORT, OR OTI           | HER DATA                                                           |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                              |                                                 | TON                         |                                                                    |  |
| X Notice of Intent Acidize  Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deepen Fracture Tr                                                                                                                                           | 一                                               | oduction (Start/Resume)     | Water Shut-Off Well Integrity                                      |  |
| Casing Repa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nir New Const                                                                                                                                                | ruction Rec                                     | complete                    | Other                                                              |  |
| Subsequent Report Change Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ns X Plug and A                                                                                                                                              | bandon Ter                                      | mporarily Abandon           |                                                                    |  |
| Final Abandonment Notice Convert to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Injection Plug Back                                                                                                                                          | Wa                                              | ter Disposal                |                                                                    |  |
| testing has been completed. Final Abandonment Notices shall be fill determined that the site is ready for final inspection.)  Yates Petroleum Corporation plans to plug and Notify the OCD 24 hrs in advance so that they of 1. MIRU. Rig up safety equipment as needed 2. RIH with tubing and spot 35' cement on top 3. Set CIBP at 5531' with 35' cement on top 4. RIH picking up workstring to 5496' and circ 5. Spot 100' (25sx) plug at 1542'. (Glorieta) 6. Spot 100' (30sx) plug at 1100'. (Casing shown spot 100' (30sx) plug at 315'. (Casing shown spot 100' (30sx) plug at 315'.) | abandon this well as can witness.  I.  of RBP at 5700'. Ta (Yeso) ulate hole with pluggioe) Tag plug.  e) Tag plug. e cement to surface. nd seed per BLM reg | follows:  g RBP.  ng mud.  Tag plug. julations. | APPROFEB 2  LES BAPETROLEUM | OVED 3 2005 ABYAK                                                  |  |
| 14. I hereby certify that the foregoing is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total pilo and no carri                                                                                                                                      | •                                               | CD                          |                                                                    |  |
| Name (Printed/Typed) Tina Huerta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title                                                                                                                                                        | Regulatory Compliance Supervisor                |                             |                                                                    |  |
| Signature Jina Huerta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Recepted                                                                                                                                                     | February 21,                                    | 2005                        |                                                                    |  |
| ) THIS SP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ACE FOR FEDERAL OR                                                                                                                                           | STATE OFFICE US                                 | מווס ואיותמממא              | IFCT TO                                                            |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                                                                                                                  | 1                                               | GENERAL REQU                |                                                                    |  |
| Conditions of approval, if any, are attached. Approval of this notic certify that the applicant holds legal or equitable title to those rig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                              |                                                 |                             | ATIONS ATTACHE                                                     |  |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

WELL NAME: Conoco "AGK" Fed. #8 Field: Dagger Draw Sec 26, T20S-R24E 1980' FNL & 810' FEL **Eddy County** LOCATION: 18' GL: 3642' ZERO: KB: 3660' 13 3/8" J-55 ST&C 265' **SPUD DATE**: 2/19/92 **COMPLETION DATE: 3/30/92** 9 5/8" 36# 8R J-55 1050 **COMMENTS**: 30-015-26951 7" 23# & 26# J-55 ST&C 8140 **Before PA** 17 1/2" hole 13 3/8" @ 265' cmtd w/ 450 sx (circ) 12 1/4" hole TOPS San Andres 610' 9 5/8" @ 1050' w/640 sx (circ) 1492 Glorieta Abo Shale 5826' Wolfcamp 5912' Canyon 7558' 7 1/2" hole **DV TOOL @ 5333**, <u>Yeso perf's</u> Perf's 5581' – 5628' (24 holes) RBP @ 5,700' 3<sup>rd</sup> Bone springs Sand Perf's 5760' – 5888' (186 holes) CIBP @ 6517' 2 7/8" tubing @ 7,000' w/ 35' cmt <u>Wolfcamp</u> Perf's 6567' - 7040' Acidized w/ 4,000 g 15% CIBP'S @ 7581' & 7526' w/ 35' cmt PBTD 7581' Canyon Dolo Perf's: 7581'- 7740' Acidize: 15,000 g 20% acid

7" @ 8140' w/ 1350 sx cmt (circ)

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