Form 3 160-5 (August 1999)

## UNITED STATES DEPARTMENT 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

5 Lease Serial No

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|--|---|----|--|---|--|---|--------|

NM-88158 & NM-61358

|                                                                                                                                           | form for proposals to d<br>Use Form 3160-3 (APD) fo                                        |                                                                        | 6 If Indian, Allottee or Tribe Name                     |                                                         |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|--|--|--|--|
| SUBMIT IN TRIPL                                                                                                                           | ICATE – Other instructi                                                                    |                                                                        | 7. If Unit or CA/Agreement, Name and/or No              |                                                         |  |  |  |  |
| Type of Well                                                                                                                              | <u> </u>                                                                                   |                                                                        |                                                         |                                                         |  |  |  |  |
| Oil Well Gas Well                                                                                                                         | Other                                                                                      | 8                                                                      | 8 Well Name and No                                      |                                                         |  |  |  |  |
| 2 Name of Operator                                                                                                                        |                                                                                            | N                                                                      | Nancy ALH Federal Com #1H                               |                                                         |  |  |  |  |
| Yates Petroleum Corporation                                                                                                               | n                                                                                          |                                                                        | 9. API Well No                                          |                                                         |  |  |  |  |
| 3a. Address                                                                                                                               | 3b                                                                                         | Phone No (include                                                      | le area code) 3                                         | 0-015-40127                                             |  |  |  |  |
| 105 South Fourth Street, Artesia                                                                                                          | a. NM 88210 (5                                                                             | 575) 748-1471                                                          | I                                                       | Field and Pool, or Exploratory Area                     |  |  |  |  |
| 4 Location of Well (Footage, Sec., 7                                                                                                      |                                                                                            |                                                                        | L                                                       | Lost Tank, Delaware                                     |  |  |  |  |
| Surface: 750' FSL & 330' FE                                                                                                               | ΞL.                                                                                        |                                                                        | 11. County or Parish, State                             |                                                         |  |  |  |  |
| BHL: 330' FNL & 660' FEL,                                                                                                                 | ,                                                                                          |                                                                        | <u> </u>                                                |                                                         |  |  |  |  |
| Section 24, T21S-R31E, Un                                                                                                                 | nit Letter (Surface P) (BHL                                                                | =                                                                      | Eddy, New Mexico                                        |                                                         |  |  |  |  |
|                                                                                                                                           |                                                                                            |                                                                        | URE OF NOTICE,                                          | REPORT, OR OTHER DATA                                   |  |  |  |  |
| TYPE OF SUBMISSION                                                                                                                        |                                                                                            | TYPE OF ACTION                                                         |                                                         |                                                         |  |  |  |  |
| Notice of Intent                                                                                                                          | Acidize  X Alter Casing                                                                    | Deepen Fracture Treat                                                  | Production (St                                          | art/Resume) Water Shut-Off Well Integrity               |  |  |  |  |
| Subsequent Report                                                                                                                         | Casing Repair Change Plans                                                                 | New Construction Recomplete Other Plug and Abandon Temporarily Abandon |                                                         |                                                         |  |  |  |  |
| Final Abandonment Notice                                                                                                                  | Convert to Injection                                                                       | Plug Back                                                              | Water Disposa                                           | oosal                                                   |  |  |  |  |
| Bond Log was sent to the BL                                                                                                               | spectfully requests that no re<br>surface on the 5 1/2 casin<br>.M office on 9-14-12. Slip | remedial work be on<br>ng string. Top of<br>ps were set on t           | done on the produ<br>cement is at 3<br>he 5 1/2" casing | action string cement.<br>75'. An electronic copy of the |  |  |  |  |
| to monitor pressure. If press                                                                                                             |                                                                                            |                                                                        | so motaliou i                                           |                                                         |  |  |  |  |
| Thank-You,                                                                                                                                | Accepted to No.                                                                            | for rescret<br>DCD<br>L                                                |                                                         | Accepted for record NMOCD                               |  |  |  |  |
| 14. I hereby certify that the foregoing                                                                                                   | is true and correct                                                                        | Title                                                                  |                                                         | 1                                                       |  |  |  |  |
| Name (Printed/Typed) Troy Pe                                                                                                              | eterson                                                                                    | Title                                                                  | Well Planner                                            |                                                         |  |  |  |  |
| Signature                                                                                                                                 | 2                                                                                          | Date                                                                   | Date September 14, 2012                                 |                                                         |  |  |  |  |
| 3                                                                                                                                         | THIS SPA                                                                                   | CE FOR FEDERAL                                                         | <del></del>                                             |                                                         |  |  |  |  |
| Approved by                                                                                                                               | ?. Como ta                                                                                 | Title FIEL                                                             | D MANAGER                                               | Date 10-15-17                                           |  |  |  |  |
| Conditions of approval, if any, are attached, confusy that the applicant holds legal or equivalent would entitle the applicant to conduct | table title to those nghts in the subject                                                  | t lease                                                                | AD FIELD OFFIC                                          | or o                |  |  |  |  |
| Title 18 U.S.C. Section 1001, make Spices firstitious or fraudulent stater                                                                |                                                                                            |                                                                        |                                                         | partment or agency of the United                        |  |  |  |  |

(Instructions on reverse)

