Form 3160-5 OCD Artesia					FORM APPROVED	
DEPARTMENT OF THE INTERIOR					OMB NO. 1004-0135 Expires: July 31, 2010	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side.					5. Lease Serial No. NMNM0559175	
					6. If Indian, Allottee or Tribe Name	
					7. If Unit or CA/Agreement, Name and/or No.	
i. Type of Well					8. Well Name and No. DAGGER DRAW FEDERAL 13	
2. Name of Operator YATES PETROLEUM CORPORATIONE-Mail: laura@yatespetroleum.com					9. API Well No. 30-015-27179-00-S2	
3a. Address 3b. Phone No. (include area code)					10. Field and Pool, or Exploratory	
105 SOUTH FOURTH STRE ARTESIA, NM 88210	Ph: 575-74	48-1471		N SEVEN RIVERS-GLOR-YESO		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 30 T19S R25E SENW 1980FNL 1980FWL					EDDY COUNTY, NM	
12. CHECK APP	PROPRIATE BOX(ES) TO	O INDICATE	NATURE OF 1	NOTICE, RI	EPORT, OR OTHEI	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	□ Acidize	🗖 Dee	Deepen [ion (Start/Resume)	□ Water Shut-Off
Subsequent Report	□ Alter Casing	-	Fracture Treat		ation	Well Integrity
	Casing Repair	_	Construction	🗋 Recom		Other Production Start-up
Final Abandonment Notice	Change Plans	_ 0		□ Tempor □ Water I	arily Abandon	r
Attach the Bond under which the w following completion of the involv testing has been completed. Final A determined that the site is ready for	ed operations. If the operation re Abandonment Notices shall be fil final inspection.)	esults in a multip led only after all	e completion or rec	ompletion in a	new interval, a Form 316	0-4 shall be filed once
11/2/13 - Date of 1st product	on for recompletion - Yeso	0				
	Ĩ) NMOCI	record 12/13/13	3	DEU	CEIVED 12 2013 DARTESIA
14. I hereby certify that the foregoing	is true and correct. Electronic Submission # For YATES PETR ommitted to AFMSS for proc	OLEUM CORP	DRATION, sent 1	to the Carlsb	ad	
Name (Printed/Typed) LAURA	Title REG. F	REPORTING	TECHNICIAN			
Signature (Electronic	Date 11/12/2013					
	THIS SPACE FO	OR FEDER	L OR STATE	OFFICE U	SE	
Approved By ACCEPTED			JAMES A AMOS TitleSUPERVISOR EPS Date 12/08/2013			
Conditions of approval, if any, are attack certify that the applicant holds legal or e which would entitle the applicant to com	Office Carlsba	d				
Title 18 U.S.C. Section 1001 and Title 4 States any false, fictitious or frauduler	3 U.S.C. Section 1212, make it a t statements or representations a	a crime for any p s to any matter w	erson knowingly and ithin its jurisdiction	i willfully to m	ake to any department or	agency of the United
** BLM RE	VISED ** BLM REVISE	D ** BLM RI	EVISED ** BLI		D ** BLM REVISE	D **