Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED DMB No. 1004-0137

SUNDRY NOTICES AND REPORTS ON WELLS

Expires July 31, 2010

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.				5. Lease Serial No. Fee 6. If Indian, Allottee or Tribe Name			
1. Type of Well				NMNM131795			
Oil Well X Gas vveil Utner				ช. vveli Name and No.			
2. Name of Operator				Lodewick A C	om #3		
Yates Petroleum Corporation				9. API Well No.			
3a. Address	one No. (include area cod	· · · · · · · · · · · · · · · · · · ·		30-015-26673			
105 S. 4th Str., Artesia, NM 88210 575-748-1471				10. Field and Pool or Exploratory Area N. Seven Rivers; Wolfcamp			
				. County or Parish,			
660'FNL & 660'FWL (Unit D, NWNW) Sec 19 T19S R25E				Eddy County, New Mexico			
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TYPE OF SUBMISSION TYPE OF ACTION							
	Acidize	Деереп	X Production (Star	r/Resume)	Water Shut-Off		
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity		
	Casing Repair	New Construction	Recomplete		Other		
X Subsequent Report	Change Plans	Plug and Abandon	Temporarily Aba	andon			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	isposal			
the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all p Attach the Bond under which the work will be performed or provide the Bond No. on file with BLMBIA. Required subsequent reports of following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form testing has been completed. Final Abandonment Notices must be filed only after all requirements, including rectamation, have been completed that the site is ready for final inspection. 4/23/08 - Date of 1st production for Recompletion - Wolfcamp Attached is other documentation for your file.				oe filed within 30 day i-4 must be filed once			
			RE	CEIVED			
_		epted for record	a				
Record Cleans	NMOCD 1/15/	io Al	CEPTED	EUB BECC	JBU		
 Thereby certify that the foregoing is true Name (Printed/Typed) 				7 011 1120			
Laura \	Title Regu	latory Reporting	Technician				
Signature (UV).C.	Date Febru	ary 20, 2014	JAN	1 2 2016 Hard			
	THIS SPACE FOR F	EDERAL OR STATE	OFFICE USE	BUREAU OF LA	ND MANAGEMEN	VΤ	
Approved by	Title			FIELD OFFICE			
Approved by/ Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct	uitable title to those rights in the su	warrant or		Date			
Title 18 U.S.C. Section 1001 and Title 43 U		for any person knowingly a	and willfully to make to	any department or	agency of the United	States	