## OPERATOR'S COPY

Form 3160-5 ( September 2001 UNITED STATES

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135

( September 2001)		LAND MANAGEMENT		Expires January 31, 2004
	SUNDRY NOTICES	AND REPORTS ON	WELLS	5. Lease Serial No.
	Do not use this form fo	NM-36707		
aı	n abandoned well. Use Fo	6. If Indian, Allottee or Tribe Name		
	V TRIPLICATE - O	7 If Unit or CA/Agreement, Name and/or No.		
1 Type of Well Oil well X Gas Well	Other	8. Well Name and No.		
2 Name of Operator Yates Petroleur	m Corporation	EDDLEMAN FEDERAL #2  9. API Well No.		
3a. Address		30-005-61369		
105 S.4th St-Arte	esia, NM 88210	10. Field and Pool, or Exploratory Area		
4 Location of Well	(Footage, Sec.,T.,R.,M.	PECOS SLOPE ABO		
UNIT G 1980' F	NL & 1980' FEL	11. County or Parish, State		
		·		CHAVES COUNTY, NM
		TO INDICATE NA	TURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION				
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
	Alter Casing	Fracture Treat	Reclamation	Well Integrity
X Subsequent Report	Casing Repair	New Construction	Recomplete	Other SHUT-IN TEST
	Change Plans	Plug and Abandon	Temporarily Abandon	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	
If the proposal is to deepen direct Attach the Bond under which the following completion of the involv	ctionally ro recomplete horizont work will be performed or pro ed operations. If the operation and Abandonment Notices sha	ally, give subsurface locations a vide the Bond no. on file with results in a muliple completion	ted starting date of any proposed work an- and measured and true vertical depths of a BLMBIA. Required subsequent report or recompletion in a new interval, a For rements, including reclamation, have co	ill perinent markers and zones. s shall be filed within 30 days. m 3150-4 shall be filed once
•	, -		y Test pursuant to rule 203 and agreement effective Oc	· ·
Mechanical Integrity Test	conducted 4-10-03.	Chart attached.		
		APPROVED F	OR 12 MONTH PE	RIOD

14 I hereby certify that the foregoing is true and correct		Title	continued on next pa		
Name (Printed/Type	d)		•		
DONNA CLACK		REGULATORY COMI	PLIANCE TECHNICIAN		
		n Date			
Signature Allina lack		April 14, 200	Аргіl 14, 2003		
是如此的大概	THIS SPACE FOR FEDERAL	OR STATE OFFICE USE			
Approved by Cuin	1 like	Title P/=	Date 6/2/03		
Conditions of approval, if any, are a	ttached. Approval of this notice does not warrant of	or .			
certify that the applicant holds legal or equitable title to those rights in the subject lease		office $RE$	Office (CL)		
Which would entitle the applicant to	conduct operations thereon.	1.70			