Form 3160-5 (August 2007)

FORM APPROVED OMB No 1004-0137 Expues July 31, 2010

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to see the second state.

Do not use this form for proposals to drill or to re-enter at $AUG-5$ 2010						NM-36935	
abandoned well. Use Form 3160-3 (APD) for such proposals.						5. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit or CA/A	greement, Name and/or No	
Type of Well     Oil Well     Gas Well     X     Other SWD						8. Well Name and No	
2. Name of Opposites					Mimosa Federal SWD #1		
2. Name of Operator Yates Petroleum Corporation					9 API Well No.	Jerai OVID #1	
3a. Address 3b. Phone No. (include area code)					30-015-264	49	
105 S. 4th Str., Artesia, NM 88210			575-748-1471		10. Field and Pool or Exploratory Area		
4. Location of Well (Footage, Sec., T., R, M, OR Survey Description)					SWD; Elleni	burger	
					11. County or Pansh, State		
1980'FSL & 810'FEL of Section 4-T20S-R24E (Unit I, NESE)					Eddy County, New Mexico		
12. CHECK APPROPE	LIATE BOX(ES) TO I	NDICATE N	IATURE OI	F NOTICE, RI	EPORT, OR O	THER DATA	
TYPE OF SUBMISSION TYPE OF ACTION							
	Acidize	Deepe	n	Production	(Start/Resume)	Water Shut-Off	
Nouce of Intent	Alter Casing	H	re Treat	Reclamation		Well Integrity	
		一		一			
Subsequent Report	Casing Repair	New	Construction	Recomplete		X Other MIT	
Change Plans		Plug and Abandon Temporari		ly Abandon			
Final Abandonment Notice	Convert to Injection	Plug Back Water Dispo			osal		
following completion of the involved operations, testing has been completed. Final Abandonmer determined that the site is ready for final inspect Mechanical Integrity test was (YPC) witnessed.	nt Notices must be filed only afte tion	r all requirements, ii	ncluding reclamati	on, have been comple Brandon Ma	eted and the operator I	has	
OCD retained original chart.					Trieur(	OR RECORD	
	epted for NMOCE	BUR		JUL 3 1 2010 /s/ JD Whitlock Jr EAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE			
<ol> <li>I hereby certify that the foregoing is true a Name (Printed/Typed)</li> </ol>	and correct						
Susan S. Lopez			Title Regulatory Compliance Tech				
Signature SUSAN SI	Posen/	Date	July 8	, 2010			
	THIS SPACE F	OR FEDERAL	OR STATE O	OFFICE USE	<del></del>		
Approved by		Title		Dat	e		
Conditions of approval, if any, are attached, certify that the applicant holds legal or equit which would entitle the applicant to conduct o	able title to those rights in t		Office				
Title 18 LLS C. Section 1001 and Title 43 LLS		rime for any per	on knowingly a	nd walifully 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