

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000

dst

**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**

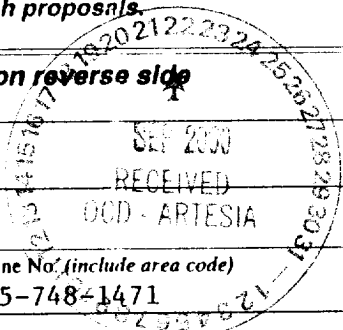
1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
 Yates Petroleum Corporation

3a. Address  
 105 S. 4th St. - Artesia, NM 88210

3b. Phone No. (include area code)  
 505-748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 1980' FNL & 660' FEL of Section 10-T8S-R26E (Unit H, SENE)



5. Lease Serial No.  
 NM-93184

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
 Jasper ARJ Fed Com #3

9. API Well No.  
 30-005-63221

10. Field and Pool, or Exploratory Area  
 Pecos Slope Abo

11. County or Parish, State  
 Chaves Co., NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Production casing & cement
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

TD 6025'. Reached TD at 2:30 AM 2-18-2000. Ran 142 joints of 5-1/2" 15.5# J-55 ST&C (6035.78') of casing set at 6025'. Regular guide shoe set at 6025'. Float collar set at 5982'. Cemented with 400 sacks Ultra Lite C, 1#/sack D-44, 5#/sack D-42, .35% D-65, .35% D-156 and .2% D-46 (yield 1.69, weight 13.0). PD 6:30 AM 2-20-2000. Bumped plug to 1420 psi for 1 minute, OK. WOC. Released rig at 11:30 AM 2-20-2000. NOTE: Displaced casing with 2% KCL. WOC.

Waiting on completion unit.

14. I hereby certify that the foregoing is true and correct  
 Name (Printed/Typed)

Rusty Klein

Signature

Title Operations Technician

Date August 30, 2000

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Office

Date

SEP 20 2000

ACCEPTED FOR RECORD  
 PETER W. CHESTER

BUREAU OF LAND MANAGEMENT  
 ROSWELL RESERVE AREA