			NMOCD	
Form 3160-5 (August 1999)	DEPARTMEN	ED STATES F OF THE INTERIOR AND MANAGEMENT	3 M CH 2	FORM APPROVED OMB No. 1004-0135 Expires November 30,2000
S	UNDRY NOTICES A	ND REPORTS ON	WELLS	5. Lease Serial No.
	Do not use this form for	proposals to drill or re e	nter an	NM 1372
an a	abandoned well. Use For	m 3160-3 (APD) for such	proposals.	6. If Indian, Allottee or Tribe Name
SUBMIT IN	I TRIPLICATE - OI	her instructions or	ı reverse side	7 If Unit or CA/Agreement, Name and/or No.
1 Type of Well				
Cil well Gas Well	Other	nanananananan aka si si si kacisi si ka	18910117273	8. Well Name and No.
2 Name of Operator	١	1	3 K 3	Johnston BE #1
Yates Petroleum	Corporation .		N ALL	9. API Well No.
3a. Address		3b. Phone No.(inclu 505-748-14	6614765	30-015-20054
105 S.4th St-Arte	<u>`</u>	777 REPORTED	10. Field and Pool, or Exploratory Area	
4 Location of Well (Footage, Sec., T., R., M., OR Survey Description)				Dagger Draw U/Penn N.
				11. County or Parish, State
				Eddy, NM
12. CHECK APPRO	PRIATE BOX(ES)	TO INDICATE NA	TURE OF NOTICE, REF	PORT, OR OTHER DATA
TYPE OF SUBMISS	SION		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			X Other Disconnect lact unit
	Change Plans	Plug and Abandon	Temporarily Abandon	
Final Abandonment Notice	Convert to Injection		Water Disposal	
har and			لمسلعاً	
Attach the Bond under which the following completion of the involv lesting has been completed. Fi determined that the site is ready in	work will be performed or pro- ed operations. If the operation nal Abandonment Notices sh for final inspection.) lls are no longe ram.	ovide the Bond no. on file w n results in a muliple completic all be filed only after all rec er connected to 25E	s and measured and true vertical depths o ith BLM/BIA. Required subsequent repr on or recompletion in a new interval, a F quirements, including reclamation, have a lact unit. Attache	orts shall be filed within 30 days. form 3160-4 shall be filed once completed, and the operator has
14 I hereby certify that the foreg Name (Printed/Typed)			Title	
Michelle Taylor				ICE
Signature Michille Jay 107			Date November 4, 2002	
		DR FEDERAL QOSTA		
		- Cho		Date
Approved by Conditions of approval, if any, are attached. Approval of this notice does not we rant or certify that the applicant holds legal or equitable tille to those rights in the support lease Which would entitle the applicant to conduct operations thereon.			Office	
Title 18 U.S.C. Section 1001 and Title States any false, fictitious or fraudule	nt statements or representation		wingly and willbully to make to any depar irisdiction	tment or agency of the United
	Star Star			