Form 3160-5 (August 1999)		TED STATES	OCH - April	FORM APPROVED ONB No. 1004-0135
	BUREAU OF	LAND MANAGEMEN	Τ	Expires November 30, 2000
	SHNDRY NOTICES	AND REPORTS ON	WELLS	5. Lease Serial No.
ı	Do not use this form for			NM-86241
	pandoned well. Use For	•		6. If Indian, Allottee or Tribe Name
		•	th proposals.	N/A
			6202	7. If Unit or CA/Agreement, Name and/or No.
SI	IBMIT IN TRIPLICATE - (Other Instructions on re	everse side	
Type of Weil	DIMI IN THE COATE	Strict motifactions on to		8. Well Name and No.
Oil Well	Gas Well	Other	X Dection Life	HILLVIEW AHE FED COM #2
2. Name of Operator			S RECEPTOR	9. API Well No.
Yates Petroleum Co	orporation 🖊		18 000	30-015-23541
3a Address		3b. Phone No. (includ	de area code).	10. Field and Pool, or Exploratory Area
105 S. 4th Street - A	Artesia, NM 88210	505-748-1471		
 Location of Well (Footage, Se 	c., T.,R., M., or Survey Desci	ription)	31.91 1.1	DAGGER DRAW UPPER PENN
				11. County or Parish, State
1650' FNL & 1780' FEI	L Section 23-T	20S-R24E		EDDY COUNTY NIM
40 OUEOK ARRE	SORDIATE BOY/ES: TO	INDICATE NATURE OF	NOTICE DEPOSE OF OTHER	EDDY COUNTY, NM
TYPE OF SUBMISSION	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPORT, OR OTHER TYPE OF ACTION	DATA
X Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	Other
	Change Plans	Plug and Abandon	X Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	***
directionally or recomplete horizon or provide the Bond No. on file with	olally, give subsurface locations a h BLM/BIA. Required subsequen w interval, a Form 3160-4 shall b	nd measured and true vertical de t reports shall be filed within 30 o be filed once testing has been co	epths of all pertinent markers and zones. A days following completion of the involved o impleted. Final Abandonment Notices shal	roximate duration thereof. If the proposal is to deepen Atlach the Bond under which the work will be performed operations. If the operations results in a multiple Il be filed only after all requirements, including
			MISSION TO TEMPORARILY A NG TO THE BASEMENT. WEL	BANDON THIS WELL FOR A PERIOD OF ONE L WILL BE T/A AS FOLLOWS:
NOTIFY NMOCD 24 HOU NOTIFY BLM IN CARLSE				
1. MIRU WSU; RU safety 2. RU WL. RIH w/ CIBP & 3. TIH w/ tubing. Circulate 4. Test casing to 500 psi fi	set @ 7500'. Dump 35' c hole w/ inhibited 2% KCL	ement on plug.	se packer & TOH.	

5. TOH w/ tubing. ND BOP & NU wellhead; fill casing w/ fluid.

I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>)	Title		
Donna Clack	Regulatory Technician		
Signature Aduna (salah	Date 7-2-02		
THIS SPACE FOR FEDE	RAL OR STATE OFFICE USE		
Approved by (ORIGE SGD.) JOE G. LARA	Title Date S 1701000		
Conditions of approval, if any, are altituded. Approval of this notice does not warrant or certify that the applicant notes legal or equitable fittle to those rights in the subject lease which would entitle the applicant to conduct operations the eon.	Office CFC		