Forma 160-5

Oil Cons.
N.M. D. J-Dist. 2

CIST

(August 1999)	UNITED STATE DEPARTMENT OF THE	INTERIOR	Artesia, NM	10 AVEITUGORM APPROVED 1 88210 OMB No. 1004-0135 Expires November 30, 2000	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Of ARt Danger Great Control of the State of the				5. Lease Serial No. NMNM0375257	
				6. If Indian, Allottee or Tribe Name -	
SUBMIT TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and	i/or No.
1. Type of Well				_	
Oil Well Gas Well Other				8. Well Name and No.	·
2. Name of Operator Yates Drilling	Company			Avalon Federal #2	
3a. Address 3b. Phone No. (include area code)				30-015-21491	
			0308	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Burton Flat Morrow	
1980' FSL & 198	80' FEL Section 18-	21S-27E		11. County or Parish, State	
12 CHECK AI	PPROPRIATE BOX(ES) TO	O INDICATE NA	TURE OF NOTICE P	EDORT OR O'CHER DATA	
TYPE OF SUBMISSION	12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR O YPE OF SUBMISSION TYPE OF ACTION				
Notice of Intent	Acidíze	☐ Deepen	Production (Start		
	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
Subsequent Report	Casing Repair Change Plans	New Construction		Other	
☐ Final Abandonment Notice	Convert to Injection	Plug and Abande Plug Back	on	andon	
Attach the Bond under which the following completion of the intesting has been completed. Find the site is ready This well produce Water is stored in the water will be true.	the work will be performed or provolved operations. If the operation in all Abandonment Notices shall be for final inspection.)	vide the Bond No. on a results in a multiple re filed only after all a parrel produce erglass tank. Service to t	file with BLM/BIA. Requicompletion or recompletion equirements, including reclassed water per day. The AID State SWI	wertical depths of all pertinent markers a red subsequent reports shall be filed within a new interval, a Form 3160-4 shall be amation, have been completed, and the open completed, and the open well, NM B-4456.	in 30 days filed once erator has
4. I hereby certify that the foregoin Name (Printed/Typed)	- Sun	OCE		PM 1 LO OFFI	
 I hereby certify that the foregoing Name (Printed/Typed) 	ng is true and correct	1		07.	
Karen J. Leish	man pariser	Title	Engineering	Technician	
Signature Zake	$A \cap A = A$. Date	12-14-01		
	THIS SPACE F	OR FEDERAL OF	R STATE OFFICE USE		
approved by			Title	Date	
Conditions of approval, if any, are entify that the applicant holds legal which would entitle the applicant to	al or equitable title to those right		Office		