N.M. Oil Cons)ivision

Form 3160-5 (June 1990)

811 S. 1st Street **UNITED STATES**

ECDM APPROVED

LOIGH VILLOAFD							
Budget Bure	eau No.	100	34-013	4			
Expires:	March	31,	1993				

DEPARTMENT OF THE INTERIOR Artesia, NM 88210-283	4	I
BUREAU OF LAND MANAGEMENT	5. 1	Leas

BUREAU OF I SUNDRY NOTICES Do not use this form for proposals to dr Use "APPLICATION FOR	Lease Designation and Serial No. NM-01165 If Indian, Allottee or Tribe Name		
SUBMIT	7. If Unit or CA, Agreement Designation		
i. Type of Well Oil X Gay Well X Wgl! Chher		8. Well Name and No.	
2. Name of Operator V YATES PETROLEUM CORPORATION 3. Address and Telephone No.	(505) 748-1471)	Williamson BC Federal #3 9. API Well No. 30-015-21628 10. Field and Pool, or Exploratory Area	
105 South 4th St., Artesia, NM 88210 4 Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FEL of Section 17-T20S-R29E (Unit H, SENE)		Burton Flat Wolfcamp 11. County or Parish, State	
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR	Eddy Co., NM RT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
X Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Fixtond TA Status	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection	
	X Other Extend TA Status	Dispose Water (Note: Report results of multiple completion on Well	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Yates Petroleum Corporation respectfully requests permission to keep this well in TA status for a period of one (1) year, in order to fully evaluate offset acreage to see if a Delaware salt water disposal conversion is warranted. NOTE: MIT performed on January 20, 1997. TA expires on January 21, 2000.

TA Approved For 12 12001

Completion or Recompletion Report and Log form.)

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14. I hereby certify that the foregoing is true and correct Signed	Title _	Operations Technician	Date .	Jan. 18, 2000
(This space for rederal or State office use) Approved by Conditions of approval, if any:	Title _	Potroloum England	Date .	1/31/2000

GEATER.

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