Form 3160-5 (August 1999)

or fraudulent statements or representations as to any matter within its jurisdiction.

'TED STATES DEPAR'. _NT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

CCW -HV+0SIQ

FORM APPROVED C/5/OMB No. 1004-0135

Expires November 30, 2000 5. Lease Serial No.

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.

NM-81218
6. If Indian, Allottee or Tribe Name
N/A

	IDSAIT IN TRIBLICATE	Otto- Last di	4.	/ If Unit or CA/Agreement, Name and/or N
1. Type of Well	JEMIT IN TRIPLICATE -	Other Instructions on r	everse side	ည္ 8. Well Name and No.
X Oil Well	Gas Well	Other	OCH FEELOWED	/ BRANNIGAN ANF FEDERAL
2. Name of Operator			ARTESIA	~ 10 ADI MOLNIO
Yates Petroleum Co	orporation /			رِينَ عَلَيْكُمْ الْعَامِ الْعَلَيْمُ عَلَيْكُمُ الْعَلَيْمُ الْعَلِيمُ الْعَلِيمُ الْعَلِيمُ الْعَلِيمُ الْعَ ما ما م
3a Address		3b. Phone No. (include	de area codex 2:110168190	10. Field and Pool, or Exploratory Area
105 S. 4th Street - A 4. Location of Well (Footage, Se		505-748-1471	1101081	· · · · · · · · · · · · · · · · · · ·
4. Loodin of trent frontage, de	o., r.,r., w., or survey best	inplion)		INDIAN BASIN UPPER PENN 11. County or Parish, State
2410' FNL & 2310' FE	L Section 6-T2	22S-R24E UNIT	G	and a state of the
40 01/50% 488	0000475 00450			EDDY COUNTY, NM
TYPE OF SUBMISSION	ROPRIATE BOX(ES) TO	O INDICATE NATURE OF	NOTICE, REPORT, OR OTHE TYPE OF ACTION	ER DATA
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			
That Abandonnient Notice		New Construction	Recomplete	Other
	Change Plans	Plug and Abandon	X Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	
Yates respectfully request efforts. Propose to run MIT as foll Notify BLM w/ 24 hour not Load casing w/ 2% KCL w File chart w/ BLM & OCD.	lows: cice so they can witness to vater. Pressure test casin	test.		ole future use in secondary recovery
I hereby certify that the foregoing i	s true and correct			71.0
Name (Printed/Typed)			Title	27
Donna Clack	$\overline{}$		Operations Technicia	ın
Signature	ne la	'L	Date 5-30-02	
		THIS SPACE FOR FEDE	RAL OR STATE OFFICE USE	
Approved by	PIG. 5GD.) JOE (3. LARA	Title	Date 7/23/27
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.			Office CFO	1 1/20/012
Title 18 U.S.C. Section 1001 and 7	Fitte 43 U.S.C. Section 1212 make	se it a crime for any person knowin	and willfully to make to any departme	ant or agency of the United States any false fictitious