

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

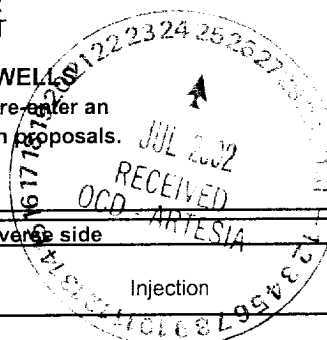
OCD - Artesia

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

CST

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.



SUBMIT IN TRIPLICATE - Other Instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Yates Petroleum Corporation

3a. Address

105 S. 4th Street - Artesia, NM 88210

3b. Phone No. (include area code)

505-748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2410' FNL & 2310' FEL Section 6-T22S-R24E UNIT G

5. Lease Serial No.

NM-81218

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

BRANNIGAN ANF FEDERAL #3

9. API Well No.

30-015-26101

10. Field and Pool, or Exploratory Area

INDIAN BASIN UPPER PENN

11. County or Parish, State

EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☐ 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

☒ Temporarily Abandon

☐ Convert to Injection

☐ Plug Back

☐ Water Disposal

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operations results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

6-5-02- Rigged up pump truck; tested casing to 500# for 30 minutes, held OK. RD pump truck. Well os T/A.
Chart attached.

TA Approved for 12 Month Period
Ending 6/4/03

RECEIVED
JUN 14 PM 2 41
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR

I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Donna Clack

Signature

Donna Clack

Title

Operations Technician

Date

6-11-02

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) JOE G. JADA

Title

Operations Technician

Date

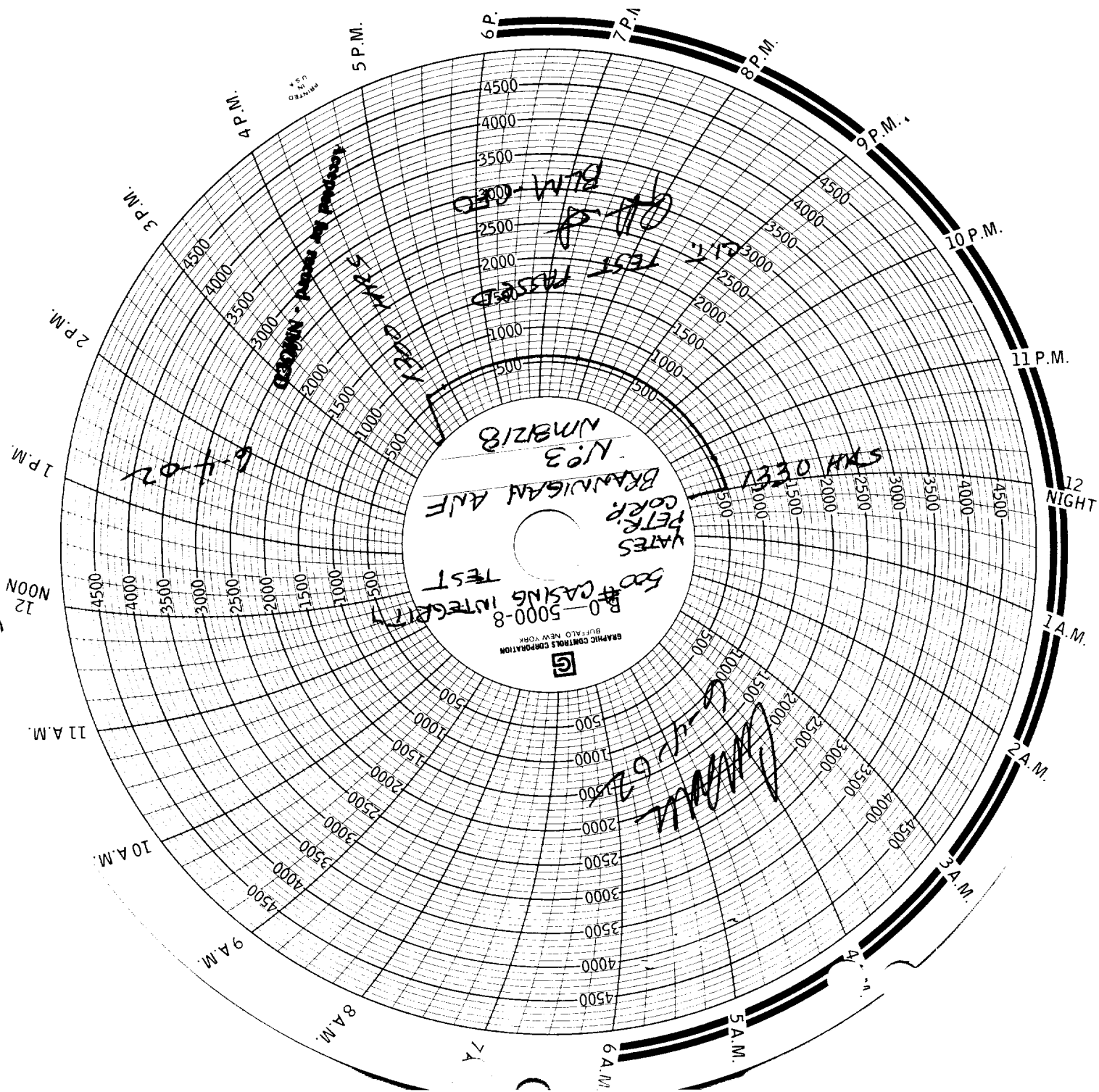
7/23/02

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

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.





YATES PETROLEUM CORP.
BRANIGAN ALE
1103 NMB218

500-8 CASING INTEGRITY TEST

1300 HRS

6-4-02

1330 HRS

1300 HRS

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Section 6-T22S-R24E

UNIT G

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This well has been in temporarily abandoned status, but approval expired July, 2000.

Yates respectfully requests permission to extend the temporary abandonment of this well to hold for possible future use in secondary recovery efforts.

Propose to run MIT as follows:

Notify BLM w/ 24 hour notice so they can witness test.

Load casing w/ 2% KCL water. Pressure test casing to 500 psi & record with chart for 30 minutes.

File chart w/ BLM & OCD.

I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Donna Clack

Signature

Donna Clack

Title

Operations Technician

Date

5-30-02

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) JOE G. LARA

Title

Statewide Coordinator

Date

7/23/02

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