| Form 3160-5 (August 1909) 123 DEP | TED STATES ARTMLINT OF THE INTI | QCD-ARTESIA | FORM APPROVED OMB No. 1004-0135 Expires Inovember 30, 2000 |
|--|---|--|--|
| BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS | | | 5. Lease Serial No. |
| | | | NM-0399448 |
| | | | 6. If Indian, Allottee or Tribe Name |
| RECEI abandoned well. | Use Form 3160-3 (APD) f | for such proposals. | |
| €/> a ¹⁹ / | ICATE – Other instruct | tions on reverse side | 7. If Unit or CA/Agreement, Name and/o |
| 1. Rectification Well X Gas Well Other | | | 8. Well Name and No. |
| 2. Name of Operator | | | Malone ASA Federal #3 |
| Yates Petroleum Corporation | | | 9. API Well No. |
| Ba. Address 3b. Phone No. (include area code) | | | 30-015-31701 |
| 105 South Fourth Street, Art | ľ | (505) 748-1471 | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | Indian Basin Upper Penn |
| 1650' FSL & 1980' FEL | | | 11. County or Parish, State |
| Section 12, T22S-R23E | | | |
| | | | Eddy County, New Mexico |
| 12. CHECK APPRO | PRIATE BOX(ES) TO INDIC | CATE NATURE OF NOTICE, REP | ORT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | | |
| Notice of Intent | Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity Coging Remain New Construction Recomplete | | |
| Subsequent Report Final Abandonment Notice | Casing Repair Change Plans Convert to Injection | New Construction Plug and Abandon Plug Back □ Water Dis | ly Abandon |
| determined that the site is leady for this. | n hispection.) | Bond No. on file with BLM/BIA. Required n a multiple completion or recompletion in a nally after all requirements, including reclamated the completion of th | proposed work and approximate duration thereof vertical depths of all pertinent markers and zones, subsequent reports shall be filed within 30 days new interval, a Form 3160-4 shall be filed once the thickness of the period of |
| Thank you. | | | |
| | | Approved For | Month Period |
| | | Approved For 12 | 13 |
| Name (Printed/Typed) | | Title | |
| Name (Printed/Typed) Rober | g is true and correct t Asher | Title Regulatory Technician | (505) 748-4364 |
| Name (Printed/Typed) | | Title Regulatory Technician Date | (505) 748-4364 |
| Name (Printed/Typed) Rober | t Asher | Title Regulatory Technician Date | |
| Name (Printed/Typed) Rober Signature | t Asher | Title Regulatory Technician Date Marci | (505) 748-4364 |
| Signature Rober Approved by | THIS SPACE FOR THIS SPACE FOR Approval of this notice does not wantable title to those rights in the subje | Title Regulatory Technician Date Marci R FEDERAL OR STATE USE Title | (505) 748-4364 n 15, 2002 |

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