Form 3160-5 (August 1900)

N.M. Oil Cons. Pavision 811 S. 1st Strant

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UNITED STATES

Artesia NM 88210-2834

FORM APPROVED

(August 1999)	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					OMB No. 1004-0135 Expires November 30, 2000			
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.					5. Lease Serial No. NM-82904 6. If Indian, Allottee or Tribe Name				
SUBMIT IN T	RIPLICATE - Other instr	uctions or	reverse sid	de 💮	7. If Unit	or CA/Agre	ement, Name and/or No.		
1. Type of Well									
Oil Well Gas Well	☐ Other				9 37-11 3	ame and No			
2. Name of Operator YATES PETROLEUM CORPORATION							Federal #15		
3a. Address 105 South Fourth Street 3b. Phone No. (include area code)						9. API Well No.			
Artesia, New Mexico 88210 (505) 748-1471						30-015-27328 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Wildcat Deleware				
990' FSL and 1650' FEL UnitO					11. County or Parish, State				
Section 6, T24S-1	R31E				Eddy	County	, New Mexico		
12. CHECK A	PPROPRIATE BOX(ES) TO	O INDICAT	E NATURE (OF NOTICE, RI					
TYPE OF SUBMISSION	TYPE OF ACTION								
m	☐ Acidize	Д Веереп		Production (Start,	(Resume)	☐ Water	Shut-Off		
Notice of Intent	Alter Casing	Fracture	Treat 🔲	Reclamation	,		integrity		
Subsequent Report	Casing Repair	New Con	struction 🔲	Recomplete			Extention		
D real About a control	Change Plans	Plug and		Temporarily Aba	ındon	-	of APD.		
13. Describe Proposed or Complete	Convert to Injection	Plug Baci		Water Disposal					
testing has been completed. For determined that the site is ready Yates Petroleum C	the work will be performed or provolved operations. If the operation inal Abandonment Notices shall be for final inspection.) Corporation wishes the February 12, 2001	e filed only aft	er all requiremen	n or recompletion in	n a new intervenation, have l	val, a Form : been comple	3160-4 shall be filed once ted, and the operator ha		
Thank you.	A Pro-	4	o pero Constant	es (12	7601	t. Physical conditions			
	OCD = AF	1631 4							
14. I hereby certify that the foregoin Name (Printed/Typed)	ng is true and correct								
Jamie Savoie			Title Regul	atory Tech	nician				
Signature Jumi &	avou		Date Ja	inuary 11,	2000				
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE USE					
Approved by		*	Title		Da	te 3/	13/200		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to	al or equitable title to those rights	does not warr in the subject	ant or lease Office	CFC		- Je	1000		