CUD - Arlesia

Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR

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

	BUREAU OF LAND MANA	GEMENT				·			
SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No.				
Do not use this form for proposals to drill or to re-enter an				-	NM-57274				
abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name				
	IPLICATE: Other Instru		everse sid	e nie Cont Marchael	7. If Unit of	CA/Agreemen	nt, Name and/or I	No.	
☐ Gas Well ☐ Other					8. Well Name and No.				
2. Name of Operator						Haracz AMO Federal #2			
Yates Petroleum Corporation						9. API Well No.			
3a. Address 105 South Fourth Street 3b. Phone No. (include area code)						30-015-27405			
Artesia, New Mexico 88210 (505) 748-1471						Pool, or Expl			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Cotton Draw Brushy Canyon				
660' FSL and 1980' FWL						11. County or Parish, State			
Section 24, T24S-R31E					Eddy County, New Mexico				
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE	NATURE C	OF NOTICE, RE	EPORT, OR	OTHER D	ATA		
TYPE OF SUBMISSION		····-		OF ACTION					
TILOTOODMIOSION							. 055		
Notice of Intent	Acidize	Deepen		Production (Start/	(Resume)	Water Sh			
and produce of limen.	Alter Casing	Fracture Tr	=	Reclamation		Well Inte		`	
Subsequent Report	Casing Repair	New Const	_	Recomplete		M Other 1	EXTEND API		
Final Abandonment Notice	Change Plans	Plug and A		Temporarily Aba	ındon				
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal					
following completion of the invitesting has been completed. Findetermined that the site is ready Yates Petroleum C	he work will be performed or provolved operations. If the operation inal Abandonment Notices shall be for final inspection.) orporation wishes year to APPSIA 153, OCD - ARTESIA	n results in a mul e filed only after to extend	tiple completion rall requirements the capt	n or recompletion i nts, including recla	s a new intervention, have to	al, a Form 316 seen completed	50-4 shall be filed d, and the operate	d onc	
14. I hereby certify that the foregoing Name (Printed/Typed) Jamie S Signature	ing is true and correct	•	Title Regi	ulatory Tec	hnician				
	<u> </u>	FOR FEDERA	L OR STAT	E OFFICE USE		-			
COR	10. 509.) JOE C. LA			alminum Pos	-	160	12000	=	
Approved by Conditions of approval, if any, are certify that the applicant holds let which would entitle the applicant to	e attached. Approval of this noti	ce does not warr		CFO	<u>I</u> D	ate G12	12000		

ROSWELL, NM BLM

MAR 21 2000

RECEIVED