	ARTMEOF THE II				ovember 30, 2000	
BURI	EAU 🚈 LAND MANA	GEMENT	N.M. O	Of Sca Dovisi	on Ic	
	NOTIこ_3 AND REPOR		811 S. 1s	t SM@E1 077		
Do not use this	form for proposals a Use Form 3160-3 (API	to drill or reente	Artesia, N	IN 88270-2	334 Tribe Name	
SUBMIT IN TRIPLICATE – Other instructions on reverse side				7. If Unit or CA/	Agreement, Name and/o	
Type of Well	<u></u>	<u>, and a second s</u>		-		
Oil Well 🔀 Gas Well 🗋 Other				8. Well Name and	l No.	
2. Name of Operator				Hoc Federal Co	om. #3	
Yates Petroleum Corporation V 3a. Address 3b. Phone No. (include area code)				9. API Well No.	9. API Well No. 30-015-28394	
Location of Well (Footage, Sec., 1		(505) 748-1471		10. Field and Pool, or Exploratory Area		
1850' FNL & 1850' FEL Surface Location				Indian Basin Upper Penn 11. County or Parish, State		
660' FNL & 660' FEL Bottom Hole Location						
Section 13, T22S-R23E		Eddy County, New M		New Mexico		
12. CHECK APPRO	PRIATE BOX(ES) TO IN	DICATE NATURE	OF NOTICE, RE	PORT, OR OTHER	DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
X Notice of Intent	Acidize Deepen Production (Start/Resume) Water Shut-Off					
	Alter Casing	Fracture Treat		· · · · · · · · · · · · · · · · · · ·	Well Integrity	
Subsequent Report	Casing Repair	New Construct	tion 🔲 Recompl	ete 🛛	Other Directional	
	Change Plans	Plug and Aban		rily Abandon	Drill Re-entry	
Final Abandonment Notice	Convert to Injection	Plug Back	U Water Di	sposal		
3. Describe Proposed or Completed Operat If the proposal is to deepen directionall Attach the Bond under which the work Following completion of the involved oy Testing has been completed. Final Abid determined that the site is ready for final in	andonment Notices shall be filed	re subsurface locations an ae Bond No. on file with s in a multiple completic d only after all requirement	d measured and true v BLM/BIA. Required on or recompletion in a ents, including reclama	ertical depths of all pertur subsequent reports shall new interval, a Form 31 tion, have been complete	tent markers and zones be filed within 30 days 50-4 shall be filed once d, and the operator has	
SEE ATTACHED PRELIMIN	ARY DRILLING REP	ORTS				
SEE ATTACHED PLATS (C-	-102'S)					
EE ATTACHED SURVEY (CALCULATIONS	*				
		4				
		RECEIVI OCD ART		SUBJECT TO IKE APPROV BY STATE	/AL	
 I hereby certify that the foregoing 	is true and correct	RECEIVI OCD ART		KE APPRON	/AL	
Name (Printed/Typed)		RECEIVI OCD ART		KE APPROV Y STATE	/AL	
Name (Printed/Typed) Cy Ce		Title		KE APPRON	/AL	
Name (Printed/Typed)			Regu	KE APPROV Y STATE	/AL	
Name (Printed/Typed) Cy Ce	owan	Title Date	Regu Septen	KE APPROV Y STATE	/AL	
Name (Printed/Typed) Signatury Cy Cy Signatury Guran	owan	Title Date	Regu Septen	APPROV Y STATE latory Agent ober 12, 2000		
Name (Printed/Typed) Signatury Cy Co Signatury Cy Cy Co	owan	Title Date	Regu Septen	LATE APPROV Y STATE		
Name (Printed/Typed) Signatury Cy Cy Signatury Cy Cy Cy Cy Signatury Cy Cy Cy Signatury Cy Cy Cy Signatury Cy Cy Cy Cy Signatury Cy Cy Cy Cy Signatury Cy Cy Cy Cy Cy Signatury Cy	OWAN	Title Date OR FEDERAL-OR Title Title TROLE	Regu Septen	APPROV Y STATE latory Agent ober 12, 2000		

(Instructions on reverse)

V

.

•

•