Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004

## SUNDRY NOTICES AND REPORTS ON WELLS

| Do not use this form for proposals to drill or re enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |                                                                                                                          |                                                                                                                                              |                                                                                                                                                            |                                                                                                                                              | NM-92151                             |  |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|
|                                                                                                                      |                                                                                                                          |                                                                                                                                              |                                                                                                                                                            |                                                                                                                                              | 6. If Indian, Allottee or Tribe Name |  |  |
| SUBMIT IN TRIPLICATE - 0                                                                                             | Other instruction                                                                                                        |                                                                                                                                              | IVED                                                                                                                                                       | ]                                                                                                                                            | eement, Name and/or No.              |  |  |
| 1. Type of Well                                                                                                      |                                                                                                                          | NECE                                                                                                                                         | IVED                                                                                                                                                       | N                                                                                                                                            | M-110991                             |  |  |
| Oil Well X Gas Well Other                                                                                            |                                                                                                                          | APR 2 8 2004                                                                                                                                 |                                                                                                                                                            | 8. Well Name and I                                                                                                                           | No.                                  |  |  |
| 2. Name of Operator                                                                                                  |                                                                                                                          | OCD-ARTESIA                                                                                                                                  |                                                                                                                                                            | Baffled BC                                                                                                                                   | A Federal Com #1                     |  |  |
| Yates Petroleum Corporation                                                                                          |                                                                                                                          |                                                                                                                                              |                                                                                                                                                            | 9. API Well No.                                                                                                                              |                                      |  |  |
| 3a. Address                                                                                                          | 3b. Pl                                                                                                                   | 3b. Phone No. (include area code)                                                                                                            |                                                                                                                                                            | 30-                                                                                                                                          | -015-32850                           |  |  |
| 105 S. 4th Str., Artesia, NM 88210                                                                                   | <u></u>                                                                                                                  | 505-748-1471                                                                                                                                 |                                                                                                                                                            | 1                                                                                                                                            | or Exploratory Area                  |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., OR Survey                                                            |                                                                                                                          | •                                                                                                                                            |                                                                                                                                                            | Morrow Southeast                                                                                                                             |                                      |  |  |
|                                                                                                                      |                                                                                                                          |                                                                                                                                              |                                                                                                                                                            | 11. County or Paris                                                                                                                          | h, State                             |  |  |
| 1350'FNL & 835'FWL (Unit E                                                                                           | E, SWNW) of Se                                                                                                           | ection 11-T21S-R24                                                                                                                           | <u>E</u>                                                                                                                                                   | Eddy Co                                                                                                                                      | unty, New Mexico                     |  |  |
| 12. CHECK APPROPRIATE BO                                                                                             | DX(ES) TO INDI                                                                                                           | CATE NATURE OF                                                                                                                               | NOTICE, RE                                                                                                                                                 | PORT, OR OT                                                                                                                                  | HER DATA                             |  |  |
| TYPE OF SUBMISSION                                                                                                   | SUBMISSION TYPE OF ACTION                                                                                                |                                                                                                                                              |                                                                                                                                                            |                                                                                                                                              |                                      |  |  |
| Notice of Intent  X Subsequent Report  Ch                                                                            | ntally, give subsurface loc<br>provide the Bond No. on<br>lion results in a multiple o<br>lall be filed only after all r | ations and measured and true ve<br>file with BLM/BIA. Required sub<br>ompletion or recompletion in a n<br>equirements, including reclamation | Reclamation Recomplete Temporarily Water Dispo oposed work and apprical depths of all persequent reports shall we interval, a Form on, have been complete. | sal<br>proximate duration ther<br>erlinent markers and zo<br>ill be filed within 30 da<br>3160-4 shall be filed o<br>leted, and the operator | nes.<br>ays.<br>nce<br>has           |  |  |
|                                                                                                                      |                                                                                                                          |                                                                                                                                              |                                                                                                                                                            | contad for mor                                                                                                                               | med - NMOCD                          |  |  |

| 14. I hereby certify that the foregoing is true and correct                                                                                                                                                                                               |       |                 |                    | = |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|--------------------|---|--|--|--|
| Name (Printed/Typed)                                                                                                                                                                                                                                      |       |                 |                    |   |  |  |  |
| Tina Huerta                                                                                                                                                                                                                                               | Title | Regulatory Comp | oliance Supervisor |   |  |  |  |
| Signature line Huerta                                                                                                                                                                                                                                     | Date  | April 26, 2004  |                    |   |  |  |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                |       |                 |                    |   |  |  |  |
| Approved by                                                                                                                                                                                                                                               |       | Title           | Date               |   |  |  |  |
| 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          |                    |   |  |  |  |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willbully 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