Form 3160-5 (August 1999)

or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OMB No. 1004-0135

Expires November 30, 2000

5. Lease Serial No.

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.

NM-045274

7. If Unit or CA/Agreement, Name and/or No.

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on reverse side				NM-84604
Type of Well			3031 23	8 Well Name and No.
X Oil Well	Gas Well	Other	Injection	HALVIEW AHE FED COM # 8
2. Name of Operator Yates Petroleum Corporation 9. April Well No. 30-18 15-26602				
Yates Petroleum Corporation VII. 2014 30-15-26602 3a Address 3b. Phone No. (include area code) RECFIVED 10. Field and Pool, or Exploratory Area				
105 S. 4th Street - A	rtesia NM 88210	505-748-1471	le area code RECEIVED OCD - ARTES	10. Fact and Fool, of Exploratory Alea
4. Location of Well (Footage, Se			- AKTES	DAGGER DRAW UPPER PENN, SO.
660' FSL & 660' FEL Section 14-T20S-R24E UNIT P 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
TYPE OF SUBMISSION	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	TYPE OF ACTION	DATA
X Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	X Other Extend TA status
	Change Plans	Plug and Abandon	Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	
Yates Petroleum Corporation respectfully requests permission to extend the TA Status of this well for possible future use as a Canyon Secondary Recovery well. The estimated date will depend on economic conditions and production in the water flood area. Upon approval of this intent Yates Petroleum Corporation will give a 24 hour notice prior to performing the MIT. A subsequent report will then be sent with the chart attached. **Accepted for record - NMOCD**				
I hereby certify that the foregoing is	true and correct		1	
Name (Printed/Typed)			Title	
Su'Ann Rogers			Regulatory Compliance	Tech
Signature J' An	n Roger	Q	Date 4/20/04	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Conditions of approval, if any, are a tne applicant noids legal or equitable	le title to those rights in the subject	loes not warrant or certify that	Office CARLSB	AD FIELD OFFICE
applicant to conduct operations the Title 18 U.S.C. Section 1001 and T		it a crime for any person knowing	gly and willfully to make to any department o	r agency of the United States any false, fictitious