Form 3160-5 (September 2001)

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

## **OCD-ARTESIA**

FORM APPROVED

## SUNDRY NOTICES AND REPORTS ON WELLS

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

OMB No. 1004-0135 Expires January 31, 2004

5. Lease Serial No.

Do not use this form for proposals to drill or re enter an abandoned well. Use Form 3160-3 (APD) for such proposals.  SUBMIT IN TRIPLICATE - Other instructions on reverse side				NM-86241	
				6. If Indian, Allottee or Tribe Name N/A	
				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well		. D==			
X Oil Well Gas Well Other		RECEIVED		8. Well Name and No.	
2. Name of Operator JUL 2 8 7004				HILLVIEW AHE FED COM #2	
Yates Petroleum Corporation	Phono No. (include area code)		9. API Well No.		
3a. Address		Sb. Phone No. (Include area code)		30-015-23541	
105 S. 4th Str., Artesia, NM 88210		505-748-1471		10. Field and Pool, or Exploratory Area DAGGER DRAW UPPER PENN	
4. Location of Well (Footage, Sec.,T.,R.,M., OR Survey Description)				11. County or Parish, State	
1 650' ENI  8 1 780' EEL				EDDY COUNTY, NEW MEXICO	
1,650' FNL & 1,780' FEL SECTION 23-T20S-R24E UNIT G  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE					
	CATE BOX(ES) TO				THER DATA
TYPE OF SUBMISSION	TYPE OF ACTION				
1	Acidize	Deepen	Production (	Start/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
<u> </u>	Casing Repair	New Construction	Recomplete		X Other EXTEND
Subsequent Report	Change Plans	Plug and Abandon	Temporarily	Abandon	TA STATUS
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
13. Describe Proposed of Completed Operation (cla	early state all pertinent details in	cluding estimated starting date of any r	proposed work and an	oroximate duration t	bereaf
Yates Petroleum Corporation well for workover and/or reco The estimated date will depe	n respectfully reques ompletion potential. nd on economic cor	ts to extend the TA stat This well could also be	us of this wel a secondary i	in order to f	fully evaluate the
MIT was conducted on 7/10/0	JZ.			,	
		APPROV ENDING	/ED FOR /= - 2/10/	MONTH P	ERIOD
		CD	·· <u>_</u> · · <del>-</del> _ · · · ·	<del></del>	
<ol> <li>I hereby certify that the foregoing is true at Name (Printed/Typed)</li> </ol>	and correct	Regula			
Su'Ann Rogers		<b>residente</b> Regula	atory Complia	nce Tech.	
Signature Su'Ann	Roller	J469 .	2, 2004		
	THIS SPACE F	OR FEDERAL OR STATE O	FFICE USE		
Approved by /S/ Jo	oe G. Lara	Title	Pet. Di	Da Da	te JUL 2 0 2004
Conditions of approval, if any, are attached. Approval of this notice does not warrant or					
certify that the applicant holds legal or equit which would entitle the applicant to conduct o		the subject lease Office	AFO		
Title 18 U.S.C. Section 1001 and Title 43 U.S.			d willfully to make	o any department	or agency of the United