

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO 1004-0135
Expires: July 31, 2010

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

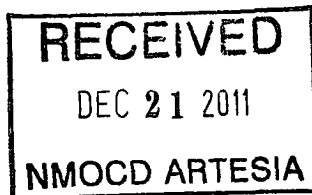
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No NMNM97127
2. Name of Operator YATES PETROLEUM CORPORATION Contact: MONTI SANDERS E-Mail: montis@yatespetroleum.com		6. If Indian, Allottee or Tribe Name
3a. Address 105 SOUTH 4TH STREET ARTESIA, NM 88210	3b. Phone No (include area code) Ph: 575-748-4244 Fx: 575-748-4572	7. If Unit or CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec, T., R., M., or Survey Description) Sec 6 T26S R27E Mer NMP NENE 910FNL 330FEL 32.076317 N Lat, 104.222069 W Lon		8. Well Name and No PUNCH BJD FEDERAL 3H
		9. API Well No 30-015-37405
		10. Field and Pool, or Exploratory UNDESIGNATED BONE SPRING
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Extend APD for 2 years until 11/13/13.



Accepted for record
NMOCD *TCS 1/4/2012*

APPROVED FOR 24 MONTH PERIOD
ENDING 11-13-13

19 Nov 2011 Engineering Review Completed & Revised COA prepared. Ted Mag

14. I hereby certify that the foregoing is true and correct
Electronic Submission #120285 verified by the BLM Well Information System
For YATES PETROLEUM CORPORATION, sent to the Carlsbad

Name (Printed/Typed) MONTI SANDERS	Title LAND REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 10/14/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>George MacDonell</i>	Title <i>for</i> FIELD MANAGER	Date 12/23/11
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 CARLSBAD FIELD 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 willfully 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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

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