Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB No 1004-0137
Expures July 31, 2010

6 If Indian, Allottee or Tribe Name

NM-86241

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.

Expires July 31, 2010

5. Lease Serial No.

SUBMIT IN TRIPLICATE - Other instructions on page 2. 1. Type of Well					7. If Unit or CA/Agreement, Name and/or No.		
					NMNM100714		
Oil Well Gas Well X Other PA					8. Well Name and No		
2. Name of Operator					Hill View AHE Federal Com #4		
Yates Petroleum Corporation					API Well No.	_	
3a. Address 3b Phone No. (include area code)					30-015-26356		
105 S. 4th Str., Artesia, NM 88210 575-748-1471					10. Field and Pool or Exploratory Area		
4 Location of Well (Footage, Sec ,T.,R ,M.,	OR Survey Description)			<u> </u>	Cemetary; W		
4000LEGL 0 4000LEEL -(C					1. County or Paris		
1980' FSL & 1980' FEL of Section 23-T20S-R24E (Unit J, NWSE)					Eddy County,		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R					ORI, OR OI	HER DATA	
TYPE OF SUBMISSION	F SUBMISSION TYPE OF ACTION						
	Acidize	Deepen		Production (Sta	art/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Trea	, X	Reclamation	,	Well Integrity	
Trouble of Intent				1			
X Subsequent Report	Casing Repair	New Constru	iction	n Recomplete		Other	
	Change Plans Plug and Abandon Temporan		Temporanly Al	oandon			
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal			
13 Describe Proposed of Completed Operation: Cl	early state all pertinent details, in	cluding estimated starting	date of any propose	ed work and appr	oximate duration ther	reof If	
Reclamation work has been Yates will continue to monito will be submitted when the p Accepted for re NMOCD OCT 2 3 201	completed. r until BLM objective otential for successf	es have been me ul revegetation is ECEIVEI OCT 2 3 2012 OCD ARTES) 		OCT :	2 1 2012	
Name (Printed/Typed)				_ ((CARLSBAD F	ND MANAGEMENT FIELD OFFICE	
<u>Michelle</u>	laylor	Title	Regulatory	/ Reporting	Manager	OTTIOL	
Signature Milehall	4 Toylor	Date	July 30, 20)12	·		
	THIS SPACE I	OR FEDERAL OR	STATE OFFIC	E USE			
Approved by			Title		Date		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct		Office		Date			
Title 18 U S.C. Section 1001 and Title 43 U. any false, fictitious or fraudulent statements	S.C Section 1212, make it a			fully to make to	any department o	r agency of the United States	