			NATION				
Form 3160-5 (August 2007) DE	ERIORA OPOSAL		FORM APPROVED OMB NO. 1004-0135				
Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.			2015 5	Expires: July 31, 2010 5. Lease Serial No. NMNM61358			
			IVED 6	6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.			
I. Type of Well				. Well Name and No WOLF AJA FEDI			
2. Name of Operator Contact: LAURA WATTS YATES PETROLEUM CORPORATIONE-Mail: laura@yatespetroleum.com				9. API Well No. 30-015-39829			
3a. Address 105 SOUTH FOURTH STREE ARTESIA, NM 88210	b. Phone No. (include area code Ph: 575-748-4272 Fx: 575-748-4585	2) [10. Field and Pool, or Exploratory LOST TANK; DELAWARE				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, and State			
Sec 25 T21S R31E SENE 1920FNL 300FEL				EDDY COUNTY, NM			
12. CHECK APPF	ROPRIATE BOX(ES) TO I	NDICATE NATURE OF	NOTICE, REP	ORT, OR OTHE	R DATA		
TYPE OF SUBMISSION		F ACTION					
Notice of Intent		Deepen	_	 Production (Start/Resume) Reclamation Well Integrity Recomplete Temporarily Abandon Water Disposal 		Well Integrity	
🔀 Subsequent Report	Alter Casing Casing Repair	Fracture Treat New Construction	-				
☐ Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Temporari			art-up	
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi 2/8/15 - Date of 1st production	operations. If the operation result andonment Notices shall be filed o nal inspection.)	s in a multiple completion or rec	ompletion in a new	interval, a Form 316	50-4 shall be filed o	nce	
14. 1 hereby certify that the foregoing is Name(Printed/Typed) LAURA W	Electronic Submission #291 For YATES PETROLE	UM CORPORATION, sent t processing by DEBORAH H	o the Carlshaff		FOR RECO)RD	
Name (Frimed Typed) LAURA W	ATTS		EPORTING TE				
Signature (Electronic S	ubmission)	Date 02/13/2	015	MAY 2	7_2015		
	THIS SPACE FOR	FEDERAL OR STATE	OFFICE USE		an		
_Approved By	Title		BUREAU OF LAN CARLSBAD	ND MANAGEMEN FIELD OFFICE			
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduc	office	Office					
Title 18 U.S.C. Section 1001 and Title 43 U States any false, fictitious or fraudulent st	J.S.C. Section 1212, make it a crim atements or representations as to a	he for any person knowingly and ny matter within its jurisdiction.	willfully to make t	o any department or	agency of the Unit	ed	

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