

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED  
OMB No. 1004-0135  
Expires January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or re enter an  
an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1 Type of Well

☐ Oil well ☒ Gas Well ☐ Other

2 Name of Operator

Yates Petroleum Corporation

3a. Address

105 S.4th St-Artesia, NM 88210

3b. Phone No.(include area code)

505-748-1471

4 Location of Well

(Footage, Sec., T., R., M., OR Survey Description)

UNIT I 1980' FSL & 660' FEL SECTION 7-T9S-R22E

5. Lease Serial No.

NM-36715

6. If Indian, Allottee or Tribe Name

7 If Unit or C/A Agreement, Name and/or No.

8. Well Name and No.

BLACKWATER ACX FEDERAL #1

9. API Well No.

30-005-62946

10. Field and Pool, or Exploratory Area

PINE LODGE ABO

11. County or Parish, State

CHAVES 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               | Well Integrity                              |
|   | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other SHUT-IN TEST |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
| <input type="checkbox"/> Final Abandonment Notice     | <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 recomplete 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 recompletion 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 completed, and the operator has  
determined that the site is ready for final inspection.)

Yates Petroleum Corporation is performing this Mechanical Integrity Test pursuant to rule 203 and in full compliance  
with the testing & reporting provisions of Supplemental Stipulation and agreement effective October 24, 2002, as to  
Shut-In wells.

Notified Gary Gurley with BLM on 3-31-03 of test.

Mechanical Integrity Test conducted 4-1-03. Chart attached.

APPROVED FOR 12 MONTH PERIOD  
ENDING 4/2/04

14 I hereby certify that the foregoing is true and correct

Name (Printed/Typed)  
DONNA CLACK

Title

continued on next page

REGULATORY COMPLIANCE TECH

Signature

*Donna Clack*

Date

April 7, 2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

*Carl V. [Signature]*

Title

PE

Date

6/2/03

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

RF6