Form 3160-5 (August 1999)  723-24-25-26  9 JUL 2003 a  RECEIVED  OCD ARTESIASI	UNI DEPARTMEI	TED STATES NT OF THE INTERIOI	Oll Cons.  N.M. DIV-Disi 1301 W. Grand A	FORM APPROVED OMB No. 1004-0135
2273242526	BUREAU OF	LAND MANAGEMEN	1301 W. Grand A	Expires November 30, 2000
	SUNDRY NOTICES  Do not use this form for	AND REPORTS ON		3210 NM-14291
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	bandoned well. Use For			6. If Indian, Allottee or Tribe Name
RECEIVED	€.			N/A 7. If Unit or CA/Agreement, Name and/or No.
ARTESIA	UBMIT IN TRIPLICATE - C	Other Instructions on re	overse side	7. If Officer CA/Agreement, Name and/or No.
Type of Well	V	<del></del>	_	8. Well Name and No.
- 77	X Gas Well	Other	Injection	LLOYD'S FED COM #1
Name of Operation Yates Petroleum Corporation				9. API Well No. 30-005-61081
ia Address 3b. Phone No. (include			de area code)	10. Field and Pool, or Exploratory Area
105 S. 4th Street - Artesia, NM 88210 505-748-1471				DECOS SI ODE ADO
Location of Well (Footage, Sec., T.,R., M., or Survey Description)				PECOS SLOPE ABO 11. County or Parish, State
990' FSL & 1980' FEL Section 11-T9S-R25E				CHAVES COUNTY AND
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER				CHAVES COUNTY, NM
TYPE OF SUBMISSION			TYPE OF ACTION	
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
X Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	X Other EXTEND TA STATUS
	Change Plans	Plug and Abandon	Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	
completion or recompletion in a ne reclamation, have been completed Yates Petroleum repectful	ew interval, a Form 3160-4 shall b d, and the operator has determined lly requests permission to ensively for workover and/o	e filed once testing has been co I that the site is ready for final in extend the Temporary A	mpleted. Final Abandonment Notices sh specition.)	I operations. If the operations results in a multiple nall be filed only after all requirements, including period of one (1) year in order to didate.
			APPRO	VED FORMONTH PERIOD
ENDING ENDING				
I hereby certify that the foregoing in Name (Printed/Typed)	is true and correct		Title	
Donna Clack A REGULATORY COMPLIAN				LIANCE TECHNICIAN
Signature Date				
	nsa Vai		6-14-03	
STATE OFFICE USE				
Approved by CCU	, Second		Title PE	Date 7/24/03
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 applicant to conduct operations thereon.				
	Fitle 43 U.S.C. Section 1212, make entations as to any matter within its		ngly and willfully to make to any departm	nent or agency of the United States any false, fictitious