Form 3160-5 ( September 2001)

## 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 re enter an

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5.

FORM APPROVED

OMB No 1004-0135 Expires January 31, 2004

Lease Serial No.	
LC-062072	

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an abandoned well. Use Form 3160-3 (APD) for such proposal OCD-ARTESIA		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.		
1 Type of Well				
Oil well Gas Well X Other Plugged and Abandon		8 Well Name and No		
2 Name of Operator			WLHU G4S Unit Tract 17-2	
Yates Pètroleum	Corporation			9 API Well No.
3a Address		3b. Phone No.(include area code)		30-015-03371
105 S.4th St-Arte	sia, NM 88210	10 505-748-1471		10. Field and Pool, or Exploratory Area
4 Location of Well (Footage, Sec ,T ,R.,M., OR Survey Description)		Loco Hills Q-GB-SA		
1650' FNL & 2310' FEL Sec. 10-T18S-R29E (Unit C, SWNE)		11. County or Parish, State		
				Eddy County, NM
12. CHECK APPRO	PRIATE BOX(ES) T	O INDICATE NA	TURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISS	ION		TYPE OF ACTION	
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
mmuned	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	Other
	Change Plans	Plug and Abandon	Temporarily Abandon	
X Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	
following completion of the involve testing has been completed. Find determined that the site is ready to the site of liability under the site	ed operations if the operation renal Abandonment Notices shall for final inspection.)  Corp. respectful.  er bond. All Yate	esuits in a muliple completion be filed only after all requ  ly requests fir es Petroleum Co	th BLM/BIA Required subsequent report nor recompletion in a new interval, a Fouriements, including reclamation, have contained abandonment approximately requirements for	rm 3160-4 shall be filed once ompleted, and the operator has ral and the release
been met.	ACC	EPTED FOR RE	CCORD	APPROVED
		JUL 25 2007		.1111 2 0 2007
14 I hereby certify that the foreg Name (Printed/Typed) Michelle Taylor	oing is true and correctivy (	duye, Deputy Field I D-District II AR	TES G. Comp. Mgr	JAMES A AMOS
Signature #	felle /a	1/19	Date July 17, 2007	SUPERVISOR-EPS
	901 200 1 2010 00 1 1 1 1 1 1 1 1 1 1 1 1	FEDERAL OR STA	TE OFFICE USE	
Approved by		· <del></del>	Title	Date
Conditions of approval, if any, are atta certify that the applicant holds legal o Which would entitle the applicant to c	r equitable title to those rights in onduct operations thereon	the subject lease	Office .	
Title 18 U.S.C. Section 1001 and Title States any false, fictitious or frauduler		• •	wingly and willbully to make to any departm risdiction	ent or agency of the United