

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Oil Cons. N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
OMB No 1004-0135
Expires November 30, 2000



SUNDRY NOTICES AND REPORTS ON WELLS NM-2359

Do not use this form for proposals to drill or reenter 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

AUG 23 2007

2. Name of Operator
Yates Petroleum Corporation 25575

OCD-ARTESIA

3a. Address
105 South Fourth Street, Artesia, NM 88210

3b. Phone No. (include area code)
(505) 748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1000' FSL and 660' FWL, Unit M
Section 6, T7S-R26E

6. If Indian, Allottee or Tribe Name

Not Applicable

7. If Unit or CA/Agreement, Name and/o

Not Applicable

8. Well Name and No.

Sorenson IB Federal #5 (12759)

9. API Well No.

30-005-63961

10. Field and Pool, or Exploratory Area

Wildcat Precambrian

11. County or Parish, State

Chaves County, New Mexico

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 | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other Extend |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | APD |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operations (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 been completed, and the operator has determined that the site is ready for final inspection.)

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for two (2) years to August 17, 2009. (C-144 attached)

Sources at Yates Petroleum Corporation have relayed information to me that they believe there will not be enough H2S anticipated from the surface to the Basement formation to meet the OCD's minimum requirements for the submission of a contingency plan per rule 118.

Thank you.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Debbie L. Caffall / debbiec@ypcnm.com

Title

Regulatory Agent / Land Department

Signature

Debbie L. Caffall

Date

August 1, 2007

THIS SPACE FOR FEDERAL OR STATE USE

Approved by

/s/ Angel Mayes

Assistant Field Manager,
Lands And Minerals

Date

AUG 16 2007

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

ROSWELL FIELD OFFICE

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

Previously Approved

C-144 Attached

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|---|--|---|--|---|---------------------------------|
| ¹ API Number 30-005-63961 | | ² Pool Code | | ³ Pool Name Wildcat Precambrian | |
| ⁴ Property Code 12759 | | ⁵ Property Name SORENSEN IB FEDERAL | | | ⁶ Well Number 5 |
| ⁷ OGRID No. 025575 | | ⁸ Operator Name YATES PETROLEUM CORPORATION | | | ⁹ Elevation 3689' |

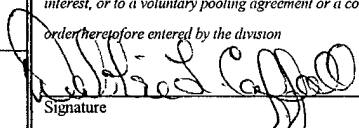
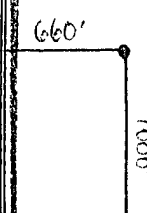
¹⁰ Surface Location

| | | | | | | | | | |
|--------------------|--------------|----------------|--------------|---------|-----------------------|---------------------------|----------------------|------------------------|------------------|
| UL or lot no. M | Section 6 | Township 7S | Range 26E | Lot Idn | Feet from the 1000 | North/South line SOUTH | Feet from the 660 | East/West line WEST | County CHAVES |
|--------------------|--------------|----------------|--------------|---------|-----------------------|---------------------------|----------------------|------------------------|------------------|

¹¹ Bottom Hole Location If Different From Surface

| | | | | | | | | | |
|--|---------|-------------------------------|-------|----------------------------------|---------------|-------------------------|---------------|----------------|--------|
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| ¹² Dedicated Acres 320 - S/2 | | ¹³ Joint or Infill | | ¹⁴ Consolidation Code | | ¹⁵ Order No. | | | |

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

| | | | | | |
|---|--|--|--|--|--|
| ¹⁶ | | | | ¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature _____ Date 8/1/07 Debbie Caffall Printed Name _____ Regulatory Agent Title | |
| NM-2359  | | | | ¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey _____ Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT _____ Certificate Number | |

DISTRICT III
1000 Rio Brazos Rd., Arco, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit to Appropriate
State Lease
Fee Lease

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|---------------|-----------------------------|---------------------|
| API Number | Pool Code | Pool Name |
| | | Wildcat Precambrian |
| Property Code | Property Name | Well Number |
| | SORENSEN "B" FEDERAL | 5 |
| OGED No. | Operator Name | Elevation |
| 025575 | YATES PETROLEUM CORPORATION | 3689 |

Surface Location

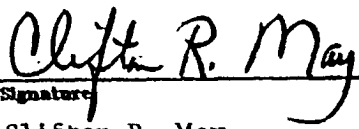
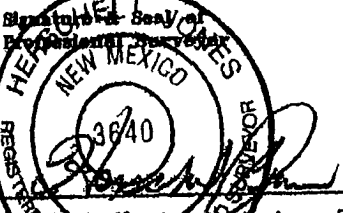
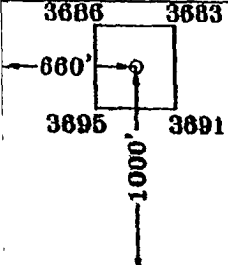
| | | | | | | | | | |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| M | 6 | 7S | 26E | | 1000 | SOUTH | 660 | WEST | CHAVES |

Bottom Hole Location If Different From Surface

| | | | | | | | | | |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| | | | | | | | | | |

| | | | |
|-----------------|-----------------|--------------------|-----------|
| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
| 320 | | | |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

| | | | | |
|--|---------|--|--|---|
| | | | | OPERATOR CERTIFICATION I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.  Signature Clifton R. May Printed Name Regulatory Agent Title 3/12/02 Date |
| | | | | SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. 2/13/2002 Date Surveyed  Signature Professional Surveyor NEW MEXICO REGISTERED 3640 Certificate No. Harsco SORENSEN PROFESSIONAL LAND GENERAL SURVEYING COMPANY |
| N.33°43'56.3" W.104°20'35.7" | NM-2359 | | | |
|  | | | | |

State of New Mexico
Energy Minerals and Natural Resources

Form C-1
March 12, 2004

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

For drilling and production facilities, submit
appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe
office

Hobbs, NM 88240
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

105 South Fourth Street, Artesia, NM 88210

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes ☒ CheckBox

Type of action: Registration of a pit or below-grade tank ☒ Closure of a pit or below-grade tank ☐

RECEIVE

SEP - 9 2004

OCD-ARTESIA

Operator: Yates Petroleum Corporation Telephone: 505-748-4376 e-mail address: debbiec@yopcnm.com
Address: 104 South 4th Street, Artesia, New Mexico 88210
Facility or well name: Sorenson IB Federal #5 API #: U/L or Qtr/Qtr SWSW Sec. 6 T 7S R 28E
County: Chaves Latitude Longitude NAD: 1927 ☐ 1983 ☐ Surface Owner: Federal ☒ State ☐ Private ☐ Indian ☐

| | | | | | | | |
|--|--|--------------------|-------------|---|-------------|-------------------|-------------|
| Pit Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>12</u> mil Clay <input type="checkbox"/> Volume <u> </u> bbl | Below-grade tank Volume: <u> </u> bbl Type of fluid: <u> </u> Construction material: <u> </u> Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not: <u> </u> | | | | | | |
| Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.) | <table border="1"><tr><td>Less than 50 feet</td><td>(20 points)</td></tr><tr><td>50 feet or more, but less than 100 feet</td><td>(10 points)</td></tr><tr><td>100 feet or more</td><td>(0 points)</td></tr></table> | Less than 50 feet | (20 points) | 50 feet or more, but less than 100 feet | (10 points) | 100 feet or more | (0 points) |
| Less than 50 feet | (20 points) | | | | | | |
| 50 feet or more, but less than 100 feet | (10 points) | | | | | | |
| 100 feet or more | (0 points) | | | | | | |
| Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.) | <table border="1"><tr><td>Yes</td><td>(20 points)</td></tr><tr><td>No</td><td>(0 points)</td></tr></table> | Yes | (20 points) | No | (0 points) | | |
| Yes | (20 points) | | | | | | |
| No | (0 points) | | | | | | |
| Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.) | <table border="1"><tr><td>Less than 200 feet</td><td>(20 points)</td></tr><tr><td>200 feet or more, but less than 1000 feet</td><td>(10 points)</td></tr><tr><td>1000 feet or more</td><td>(0 points)</td></tr></table> | Less than 200 feet | (20 points) | 200 feet or more, but less than 1000 feet | (10 points) | 1000 feet or more | (0 points) |
| Less than 200 feet | (20 points) | | | | | | |
| 200 feet or more, but less than 1000 feet | (10 points) | | | | | | |
| 1000 feet or more | (0 points) | | | | | | |
| Ranking Score (Total Points) <u>0</u> | | | | | | | |

If this is a pit closure: (1) attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: onsite ☐ offsite ☐ If offsite, name of facility . (3) Attach a general description of remedial action taken including remediation start date and date. (4) Groundwater encountered: No ☐ Yes ☐ If yes, show depth below ground surface ft. and attach sample results. (5) Attach soil sample results and diagram of sample locations and excavations.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☒, or an (attached) alternative OCD-approved plan ☐.

Date: 10/26/2004

Printed Name/Title: Robert Asher/Regulatory Agent

Signature: [Signature]

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.

Approved: SEP 13 2005

Date:

Field Supervisor

Printed Name/Title:

Signature: [Signature]