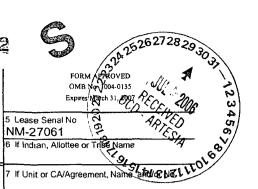


N.M. Off Cons. DIV-Dist. 2

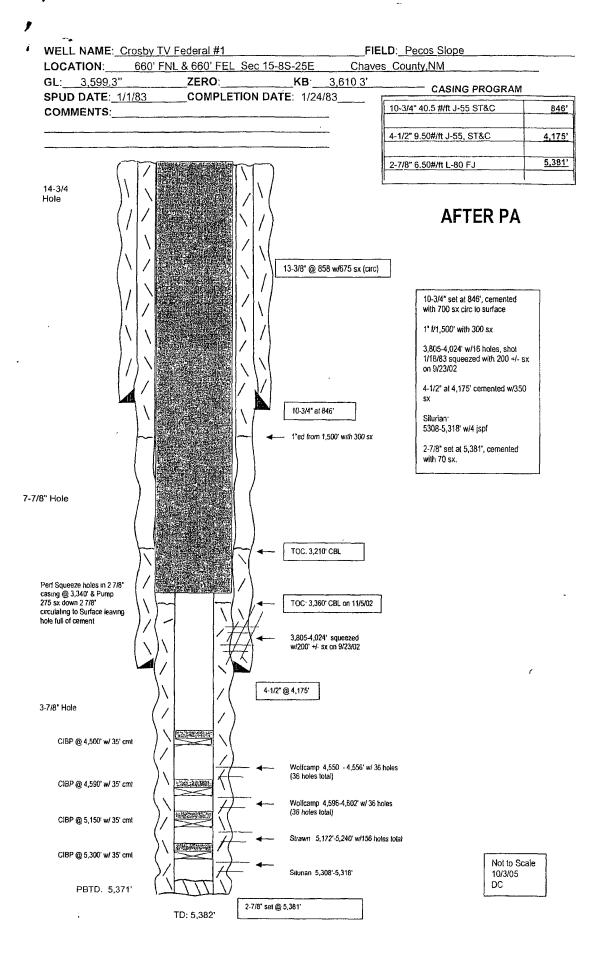
UNITED STATES 1301 W. Grand Avenue DEPARTMENT OF THE INTERIOR DEPARTMENT OF LAND MANAGEMENT SIZE, NIM 88210



SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or re enter an

abandoned well. Use Form 3160-3 (API	6 If Indian, Allottee or Trise Name			
SUBMIT IN TRIPLICATE - Other ins	structions on reverse side	7 If Unit or CA/Agreement, Name and & NZI LTO		
1 Type of Well		1		
	er P&A .IAN 29 2008	8 Well Name and No.		
2 Name of Operator	COD-ARTESIA	Crosby TV Deep Federal #1		
Yates Petroleum Corporation		9 API Well No.		
3a. Address	3b Phone No (include area code) 505-748-1471	30-005-61618		
105 S. 4th Str., Artesia, NM 88210 4 Location of Well (Footage, Sec ,T ,R ,M , OR Survey Description)	10 Field and Pool, or Exploratory Area Wildcat Wolfcamp			
		11 County or Parish, State		
660'FNL & 660'FEL of Section 15-T8S-R25E (U		Chaves County, New Mexico		
12. CHECK APPROPRIATE BOX(ES) T	O INDICATE NATURE OF NOTICE, RI	EPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION			
Acidize	Deepen Production	(Start/Resume) Water Shut-Off		
Notice of Intent Alter Casing	Fracture Treat Reclamation	, , , , , , , , , , , , , , , , , , , ,		
Subsequent Report	New Construction Recomplete	Other		
Change Plans	X Plug and Abandon Temporard	y Abandon		
Final Abandonment Nouce Convert to Inject	tion Plug Back Water Disp	osal		
1000 psi. NOTE: Received approval	Artesia 748 - 4496 ent on top. Loaded hole with plugging in from BLM to perforate at 3240'. Circula WELL IS PLUGGED AND ABANDON Approved as to plugging the surface restoration is surface restoration.	mud. Perforated at 3340'. Held ated casing with 275 sx cement IED. FINAL REPORT. AGAVE. Sertained until competed The opportunity to meet with		
14. Thereby certify that the foregoing is true and correct	on requirements before receiving the n	ouce of whiteh order.		
Name (Printed/Typed) Tina Huerta	Tille Regulatory Compl	iance Supervisor		
Signature (Sina) Hurta) Date July 21, 2006			
THIS SPA	CE FOR FEDERAL OR STATE OFFICE USE			
Approved by (ORIG. SGD.) ALEXIS C. SWO	METROLEUM	ENGINEER JUL 2 7 2006		
Conditions of approval, if any, are attached. Approval of this notice certify that the applicant holds legal or equitable title to those right which would entitle the applicant to conduct operations thereon.	nts in the subject lease Office			
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, mak States any false, fictitious or fraudulent statements or representation		ke to any department or agency of the United		



			-										C-13	
Förm 9-330 (Rev. 5-83)		1 I N	TED	CTA	TES	mr SU	AL TIME	DURL	TE:	1	Fo	rm ap!	proved. ureau No. 42-R355.5	
~.	DEPAR							(See)	one on					
					RVEY			1 111	se side)	5 IEA		2706	ON AND SERIAL NO.	
WELL CO	MPLETION	I OR	RECO	MPI FT	ION R	FP\()R1	τ ΔΝΙ	0.100	3 *	6. IF	INDIAN,	ALLOT?	TEE OR TRIBE NAME	
1a. TYPE OF WEL		ELL	CAS E							7 1181	IT AGREE	VENT	NAME	
b. TYPE OF COM	// E	EI,L	WELL L	X.;	DRY 🗌 (other	EIVED			1. CK	II AGREE	DIBNI		
NEW X	WORK DE	EP-	PLUG BACK	DIE	SVR.	Other				S FAI	RM OR L	EASE N	AME	
2. NAME OF OPERAT							4 1000	3	· } · · · · · · · · · · · · · · · · · ·	Cr	osby	TV F	ederal	
	troleum Co	rpora	tion ν			EB 0	1 198	3		9 WE	LL NO.			
3. AUDRESS OF OPE					1.0	0. 0	- D		4	10 -	1		OR WILDCAT	
4. LOCATION OF WE	h 4th St.,	Arte	Sla, N	M 882	LU			a).						
	60 FNL & 6							~,		11. S	EC., T., R.	OS S	Slope Abo	
	terval reported b		., 500							O	K AREA			
at top prou, in	icivai reporteu u	,e.10 #								Unit	A, S	ec.	15-T8S-R25E	
At total depth													1 20	
				14. P	ERMIT NO		BATE }	ISSUED		P	OUNTY OF	R	13. STATE	
15. DATE SPUDDED	16 DATE T.D	REACHED	1 17. 537	E COMPL	(Ready to	prod.)	18 8189	ATIONS (I	W DER	Cha		19. E	LEV. CASINGHEAD	
1-1-83	1-10-			L-24-8				99.3'		MI, OH, E	10.,			
20. TOTAL DEPTH, MD	& TVD 21. Pt	UG, BACK	T.D., MD &	TVD 2	2 IF MILT	TIPLE COM	PL,	23 INT	ERVALS LLED BY	ROTA	RY TOOL	8	CARLE TOOLS	
4175'		4111							->	0-4	175'			
24 PRODUCING INTE	RVAL(S), OF THE	S COMPLE	T10 N T0	Р, ВОТТОМ	, NAME (M	D AND TV	D) •					25.	WAS DIRECTIONAL SURVEY MADE	
	3805-40	124 T A	bio									١,	No	
26 TYPE ELECTRIC												,	S WELL CORED	
	CNL/FDC	; DLL										1	No	
28					ORD (Repo		ings set is							
CASING SIZE	WEIGHT, LB	/FT		ET (MD)		E SIZE		CES	MENTING	RECORD		.	AMOUNT PULLED	
20" 10-3/4"	10 5 1		40'		-	0.7711			700			- n];	+ + D - Z	
4-1/2"	9.5#		846 417			-3/4" 7/8"			<u>700 </u>				1-28-83	
7 1/2					-	770			0.50				5+ + D-2 1-28-83 6+mp+ BK	
29.		LINER	RECORL	>				30		TUBINO	RECO	RD		
SIZE	TOP (MD)	BOTTO	м (мр)	SACKS	CEMENT.	SCREEN	(MD)	SIZE		DEPTH	SET (MD	,)	PACKER SET (MD)	
				-				2-3/8	3"	3772	<u>'</u>	-	3772 '	
31 PERFORATION RE	CORD (Interval,	vice and	number)	1	!	32.	AC	ID SHOT	FRAC	TURE C	'EWENT	SOUF	EZE, ETC.	
•							INTERVAL		,				ATERIAL USED	
3805-4024' w/16 .42" holes										2500g. 7½% acid.				
	·												l KCL wtr,	
								•	6000	0# 20)/40 s	<u>sd.</u>		
33.*				,	Duce	DICTION			<u> </u>		. <u> </u>			
DATE FIRST PRODUCT	rion PRO	OUTTON :	METHOD (Flowing,	gas lift, pu		ize and t	ppe of pu	mp)		WELL !	BUTATE	(Producing or	
1-24-83	?			Flo	wing						shut STV	Hn) NOPL	С	
PATE OF TEST	HOURS TESTEL	с	OKE SIZE	PROI	'N. FOR	OIL- BB	L.	GAS-M	CF.	WATE			GAS-OIL RATIO	
1-24-83	3ACCEPT CASING PRESS	ED FOR R						110						
2/5	ORIG. SO	CD.) D	AVID 1		- вег. .S S ,	1.	S-MCF.	ı	WATER-	BBL,		UIL GR	AVITY-API (CORR.)	
245 34 DISPOSITION OF	PKR (Sold, unnder	ordust, 19	no etc	, 1 -			8 <i>7-</i> 7	·		Y TEST	WITNES	SED B7		
-	Vented -	Will	be so	ld			- L.	S. (.	,	Bil	ll Har	asen		
35 LIST OF ATTACH		NAGEM			Į				``\	1				
30 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Deviation	D. NAWY	AVICA	j	on is comp	٠.	ALCO.	1 de 200	ك ما					
36. I hereby certify	- that the forest	1100 - 1 md - 1	reached.	informati.	on is come	jete nnd 🎚	-	كالمنتصرين إبراء	ed from	all ave	liable re	ohrane		

*(See Instructions and Spaces for Additional Paragraph Reverse Side)

DATE 1-25-83

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions

Hem 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.—Hem 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

	 -, - 	ING AND SHIT-IN PRESSURES, AND RECOVERIES	70P					
FORMATION	BOITON	DESCRIPTION, CONTENTS, ETC.	NAME	MEAN DEPTH	TRUE VERT. DEPT			
			San Andres Glorieta Abo	394 1508 3673				
				·				
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			1					

