## Form 3160-5 (August 2007)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## OCD-ARTERIA

FORM APPROVED

5 Lease Serial No

LC-064488

## SUNDRY NOTICES AND REPORTS ON WELLS

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



OMB No 1004-0137 Expires July 31, 2010

abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit or CA/Agreement, Name and/or No		
1 Type of Well Oil Well Gas Well A Other P&A OCD-ARTESIA					8 Well Name and No.		
2. Name of Operator					Yates Federal #2		
Yates Petroleum Corporation  3a Address 3b. Phone No (include area code)					9. API Well No 30-015-21065		
3a. Address	1	505-748-1471					
105 S. 4th Str., Artesia, NM 88  4 Location of Well (Footage, Sec., T., R., M., 9	303-740	303-740-1471			10 Field and Pool or Exploratory Area Penasco Draw Yeso San Andres		
					11 County or Parish, State		
2310'FNL & 150'FEL of Section 26-T18S-R25E (Unit H, SEN					Eddy County, New Mexico		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE							
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent    X   Subsequent Report	nplete horizontally, give subsurfar performed or provide the Bond I . If the operation results in a might Notices must be filed only aftection mud. Perforated at a at 100'. Circulated 3	ncluding estimated starting ce locations and measured No on file with BLM/BIA ultiple completion or recomer all requirements, including 1060'. Held 500 0 sx cement to see the starting of the starting of the starting of the starting estimates and the starting estim	date of any propos and true vertical d Required subsequipletion in a new intiger reclamation, have psi. Spotter	Reclamation Recomplete Temporarily Water Disposed work and appeths of all per uent reports mulerval, a Form 3 we been completed 25 SX C	Abandon  poroximate duration the  linent markers and zone st be filed within 30 d  160-4 must be filed on  ted and the operator have	es. ays ce as	
		Accepted fo NMOC	r record D	- 1	DEC	1 2007 AND MANAGEMENT	
14 I hereby certify that the foregoing is true a Name (Printed/Typed)	and correct				CHITCODA	D ITELD OFFICE	
Tina Huerta		Title	Title Regulatory Compli			iance Supervisor	
Signature (	urta	Date	Novembe	r 26, 200	7		
	THIS SPACE F	OR FEDERAL OR	STATE OFFIC	E USE			
Approved by			Title		Date		
Conditions of approval, if any, are attached certify that the applicant holds legal or equit which would entitle the applicant to conduct or	able title to those rights in to perations thereon	the subject lease	Office				
Title 18 U S C Section 1001 and Title 43 U S	5 C Section 1212, make it a c	crime for any person kn	owingly and willf	ully to make t	o any department or	agency of the United States	

any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction