



105 South 4th Street \* Artesia, NM 88210

(505)-748-1471

Joe Chavez- Foreman

December, 2010

# GLOW WORM "ALX" BATTERY

Sec 4- T23S- R31E \* Unit B

Eddy County, NM

MM 81953

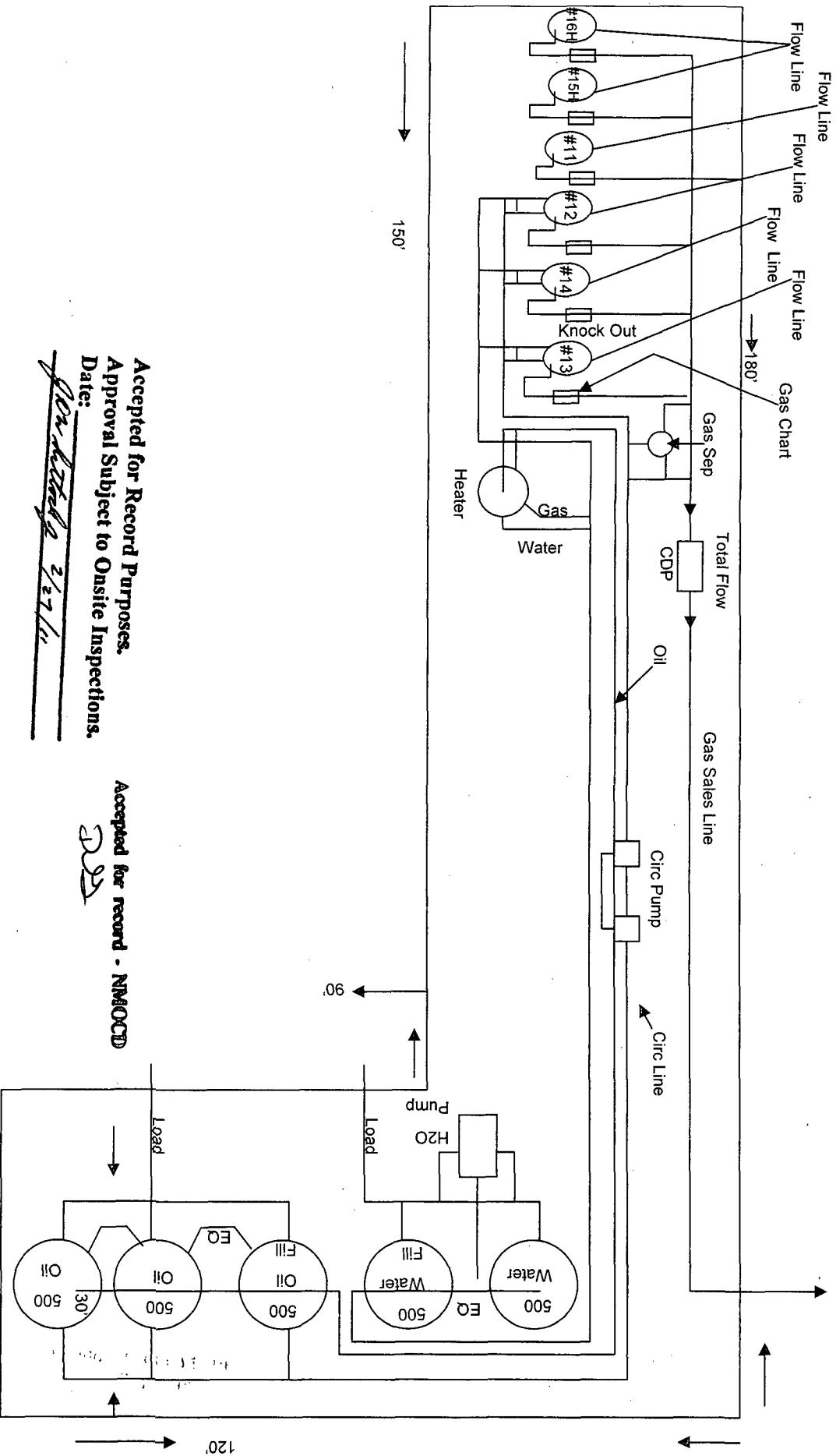
70-015-76369

OCD Artesia

TO BLM POINT OF MEASUREMENT

METER #722154-00

330' FNL 2160' FEL (NWNE) Sec 2 T23S R31E



Accepted for Record Purposes.  
Approval Subject to Onsite Inspections.  
Date: for Artesia 2/27/11

Accepted for record - NMOCB  
DB

This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan which is on file at 105 South 4th Street, Artesia, NM

# OPERATOR'S COPY

Form 3160-5  
(June 1990)

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

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

### SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals

### SUBMIT IN TRIPLICATE

1. Type of Well  
Oil Gas  
☐ Well ☒ Well ☐ Other

2. Name of Operator  
Yates Petroleum Corporation

3. Address and Telephone No.  
105 South Fourth Street, Artesia, NM 88210 (505) 7481471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
200' FNL & 900' FEL, Sec. 4-T23S-R31E (Unit A, NENE) SHL  
330' FSL & 900' FEL, Sec. 4-T23S-R31E (Unit P, SESE) BHL

5. Lease Designation and Serial No.  
NM-81953

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Glow Worm ALX Federal #16H

9. API Well No.  
30-015-36369

10. Field and Pool, or Exploratory Area  
Salt Lake/ Delaware

11. County or Parish, State  
Eddy Co., NM

### 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

#### TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

#### TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Off Lease Measurement

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing-  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well completion or Recompletion Report and Log Form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Yates Petroleum Corporation respectfully request the addition of the Glow Worm ALX Federal #16H to prior approvals for off lease measurement.

The gas from the Glow Worm ALX Federal #11, Glow Worm ALX Federal #12, Glow Worm ALX Federal #13, Glow Worm ALX Federal #14, Glow Worm ALX Federal #15H, and the Glow Worm ALX Federal #16H will be measured on lease #81953.

The gas from the Glow Worm ALX Federal #11, Glow Worm ALX Federal #12, Glow Worm ALX Federal #13, Glow Worm ALX Federal #14, Glow Worm ALX Federal #15H, and the Glow Worm ALX Federal #16H BLM point of measurement will be off lease at Duke CDP meter #722154-00 located between Section 35-T22S-R31E, and Section 2-T23S-R31E.

Yates is also requesting future wells to be drilled be included in this application: Glow Worm ALX Federal #4H sec3-23S-31E, Glow Worm ALX Federal #9H sec3-23S-31E, Glow Worm ALX Federal #10H sec3-23S-31E, and Glow Worm ALX Federal #19H sec3-23S-31E.

Same pools. Identical ownership.

The off lease measurement of production is in the interest of conservation, economic feasibility, and will not result in reduced royalty or improper measurement of production.

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

Signed Markus Reynolds

Title Production Secretary

Date December 21, 2010

(This space for Federal or State office use...)

Approved by Is JD Whitlock Jr

Title DET

Date 1/6/11

Conditions of approval, if any:

Submit a diagram which identifies all flow lines, sales points and give location of gas sales (transfer point) meter if it is not at this facility. Include gas sales meter station name and/or number and location of meter to include 1/4, Section, Township and Range.

I hereby certify that the foregoing is true and correct

\*See Instruction on Reverse Side

← SUBMIT WITHIN 30 days  
COA

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

