applicant to conduct operations thereon.

or fraudilent statements or representations as

## TD STATES DEPARTM. OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED				
OMB No	1004-0135			

Expires November 30, 2000

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6. If Indian, Allottee or Tribe Name

	N	/Δ
ı	IN.	ΙА

7. If Unit or CA/Agreement, Name and/or No.

SIE	BMIT IN TRIPLICATE - C	ther Instructions on rev	verse side	N/A		
Type of Well			Onjection	8. Well Name and No.		
Oil Well	X Gas Well	Other	/ Sinjection	SALT CREEK ACL FEDERAL #1		
2. Name of Operator	. 1		The market	9. AP Well No.		
Yates Petroleum Co	orporation	3b. Phone No. (include	- 100 C - 1111 L	30 105-62837 C\A 10. Field and Pool, or Exploratory Area		
105 S. 4th Street - A	rtesia. NM 88210	505-748-1471	RECEARTS	Strain Supplied and A Son, of Exploration, A strain		
4. Location of Well (Footage, Sec			6 000			
1980' FNL & 1980' FEL	Section 1-T85	S-R21E UNIT G	SW/NE SOURCE	Tit County or Parish, State		
1300 FNL & 1300 FEL	_ Section 1-103	S-RZIE UNIT G	34WF 36888	CHAVES COUNTY, NM		
	ROPRIATE BOX(ES) TO I	NDICATE NATURE OF N	NOTICE, REPORT, OR OTHER	DATA		
TYPE OF SUBMISSION			TYPE OF ACTION	F		
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off		
X Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity		
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	Other		
	Change Plans	Plug and Abandon	X Temporarily Abandon			
	Convert to Injection	Plug Back	Water Disposal			
				ximate duration thereof. If the proposal is to deepen		
reclamation, have been completed 6-4-02- MIRU PU. 6-5-02- Load tubing & cas ret head; did not find RBP 6-6-02- RU JSI. Run GR to	ing; NU BOP. Unset packer in hole. Went down to 356 o 3350'; POH. Set CIBP @ e hole w/ 2% KCL water wi	er & POH. Lay down 5-1/2 60'. POH w/ ret head & tul 3334'. Cap w/ 35' cemer 6th C1. Test casing to 500		or night. well in & shut down for nìght.		
hereby certify that the foregoing is	s true and correct					
Name (Printed/Typed)			ł	Title Operations Technician		
Donna Clack Signature			Operations Technician  Date			
_ Monn	a lack	<i></i>	6-18-02			
THE SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by	- A	, AC	Title	Date		
Conditions of approval, if any, are the applicant holds legal or equital applicant to conduct operations the	pie titie to those rights in tive subjec	does not warrant or certify that ct lease which would entitle the	Office			

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, 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 fra uculent statements or representations as pany matter within its jurisdiction.

