Form 3160-5 (August 1999)

## N.M. Oil Cons. Division

UNITED STATES 311 S. 1st Street
DEPARTMENT OF THE INTERNETAL, NM 88210-2834
BUREAU OF LAND MANAGEMENT
BY NOTICES \*\*\*

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

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.					<ul> <li>5. Lease Serial No. NM-36724</li> <li>6. If Indian, Allottee or Tribe Name</li> <li>7. If Unit or CA/Agreement, Name and/or No.</li> </ul>				
								SUBMIT IN TRIPLICATE - Other Instructions on reverse side	
1. Type of Well		Market So Kara (Solvest Con To	······································					1	
Oil Well XX Gas Well Other					8. Well Name and No.				
2. Name of Operator YATES PETROLEUM CORPORATION					Salt Creek ACD Federal #5				
3a. Address 105 South Fourth Street .3b. Phone No. (include area code)					9. API Well No. 30 - 62952				
Artesia, New	•	5) 748-1471			10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)							West Pecos Slope Abo		
1980' FSL and 1980' FEL					11. County or Parish, State				
Section 21, T8S-R22E									
12 CHECK AL	PPROPRIATE ROY/ES)	TO INDICAT	TE MATERIAL	OF NOTICE D	Chave	s Cou	nty, New Mexico		
	PPROPRIATE BOX(ES)	TOINDICA	ENATURE	OF NOTICE, RI	EPORT, OR	OTHE	R DATA		
TYPE OF SUBMISSION TYPE OF ACTION									
<b>KY</b> Makanasi	Acidize	Deepen		Production (Start/	Resume)	☐ Wat	Water Shut-Off		
Notice of Intent	Alter Casing	☐ Fracture	_	Reclamation		☐ Wel	Il Integrity		
Subsequent Report	Casing Repair		nstruction			X Oth	er Extention		
Final Abandonment Notice	Change Plans		Abandon	Temporarily Aba	ndon		of APD.		
13. Describe Proposed or Complete If the proposal is to deepen dire	Convert to Injection	Plug Ba		Water Disposal	•				
determined that the site is ready	orporation wishes	be filed only a	ser an requiremen	its, including rectar	nation, have b	een comp	pleted, and the operator has		
Thank you.	RECEIVED CD - ARIESIA		eed for 1	12 1200 0 2001		55			
14. I hereby certify that the foregoin	g is true and correct								
Name (Printed/Typed)  Jamie Savoie			Title Romal	atory Took	aiaia-				
10.	Do 10		The Regul	atory Techi	lician				
Signature UMUL	SWOU		Date Febr	uary 21, 20	00				
<b>V</b>	THIS SPACE	FOR FEDER	AL OR STATE	OFFICE USE					
Approved by Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to conditions.	l or equitable title to those righ	ce does not war	cant or	JM ENGINEI	Date	MAF	R 13 2000		

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MOSSAGET CHESSES