Jorn 3160-5 (August 1999)

ED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

Oil (15. FORM APPROVED N.M. DIV-Dist. 2 OMB No. 1004-0135 1301 W. Grand Avenue pires November 30, 2000

SUBMIT 1. Type of Well Oil Well 2. Name of Operator	Do not use this form for bandoned well. Use Ford	m 3160-3 (APD) for suc	re-enter an th proposals.	NM-17037 6. If Indian, Allottee or Tribe Name N/A 7. If Unit or CA/Agreement, Name and/or No. N/A 8. Well Name and No. Five Mile Draw "LX" Fed Com #2 9. API Well No.
Yates Petroleum Co 3a Address	orporation	3b. Phone No. (include	de area code)	10. Field and Pool, or Exploratory Area
105 S. 4th Street - Artesia, NM 88210 505-748				
4 Location of Well (Footage, Sec., T.,R., M., or Survey Description) 1000' FSL & 1000' FWL Unit M Sec. 34-T6S-R25E				Wildcat 11. County or Parish, State Chaves , NM
12. CHECK A	PPROPRIATE BOX(ES) TO INDICATE NAT	URE OF NOTICE, REPORT,	
TYPE OF SUMISSION			TYPE OF ACTION	
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	Other
	X Change Plans	Plug and Abandon	Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	
directionally or recomplete horizor or provide the Bond No. on file wit completion or recompletion in a ne reclamation, have been completed. Change in plans.	ntally, give subsurface locations and h BLM/BIA. Required subsequent ow interval, a Form 3160-4 shall be d, and the operator has determined of the property of	d measured and true vertical de reports shall be filed within 30 d e filed once testing has been cor that the site is ready for final ins	pths of all pertinent markers and zones. At lays following completion of the involved op mpleted. Final Abandonment Notices shall	eximate duration thereof. If the proposal is to deepen tach the Bond under which the work will be performed erations. If the operations results in a multiple be filed only after all requirements, including
I hereby certify that the foregoing is true and correct			Title	
Name (Printed/Typed)	ligman			upie intendent
Signature Mm (No			Date 8/2/01	7
APP	ROVED THIS	PACE FOR FEDE	RAL OR STATE OFFICE	USE
Approved OFIG. SG	D.) DAVID H. GLA	33	Title	Date
Conditions of approval if any are	attached. Approval of this notice	does not warrant or certify that	Office	<u> </u>

Title 18 U.S.C. Section Town Only Edul MS UESNO Matter 12, 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 fraudulent statements or representations as to any matter within its jurisdiction.