Form 3160-5 (August 1999)

or fraudulent statements or representations as to any matter within its jurisdiction.

TED STATES DEPARTMENT 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

OMB No. 1004-0135 Expires November 30. 2000

| 5 | Lease | Serial | Nο | |
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6. If Indian, Allottee or Tribe Name

| | | | | 7. If Unit or CA/Agreement, Name and/or No. | | |
|---|--|-------------------------------------|---|---|--|--|
| SUBMIT | IN TRIPLICATE - O | ther instructions of | on reverse side | 7. If Officer GA/Agreement, Name and/of No. | | |
| Type of Weil | | | | G. Maril Name and Na | | |
| Oil Well | Gas Well | Other | | 8. Well Name and No. | | |
| 2. Name of Operator | <u> </u> | | | Grafa RW Federal #4 | | |
| Yates Petroleum Co | orporation / | | | 30-005-63425 | | |
| 3a Address 105 S. 4th Street - A | | 3b. Phone No. (include 505-748-1471 | de area code) | 10. Field and Pool, or Exploratory Area | | |
| 4. Location of Well (Footage, Se | | | | Pecos Slope Abo | | |
| 660' FSL and 1980' FEL | | | | 11. County or Parish, State | | |
| Section 35, T5S-R24E | | | | | | |
| 40 CHECK A | DDDODDIATE DOV/E/ | O TO INDIOATE NAT | UDE OF NOTICE DEPOS | Chaves County, NM | | |
| TYPE OF SUMISSION | PPROPRIATE BOX(ES | S) TO INDICATE NAT | URE OF NOTICE, REPORT TYPE OF ACTION | , OR OTHER DATA | | |
| | | | | | | |
| Notice of Intent | Acidize | Deepen | X Production (Start/Resume) | Water Shut-Off | | |
| X Subsequent Report | Alter Casing | Fracture Treat | Reclamation | Well Integrity | | |
| Final Abandonmen: Notice | Casing Repair | New Construction | Recomplete | Other | | |
| | Change Plans | Plug and Abandon | Temporarily Abandon | | | |
| | Convert to Injection | Plug Back | Water Disposal | | | |
| Date of first production ar | a gas somiosi date dan | ddiy 17, 2002 | | £. | | |
| | | | | P g: | | |
| | | | | 48.0000. 300 - 180004 | | |
| | | · | | | | |
| I hereby certify that the foregoing | is true and correct | | | | | |
| Name (Printed/Typed) | | | Title | | | |
| Susan Herpin Signature | | | Engineering Techn | ician | | |
| Signature / | pu | | Date 1/22/02 | | | |
| | THIS | SPACE FOR FEDE | RAL OR STATE OFFICE | USE | | |
| Approved by | | | Title | Date | | |
| Conditions of approval, if any, are the applicant holds legal or equita applicant to conduct operations the | able title to those rights in the subj | • | Office | L | | |
| Title 18 U.S.C. Section 1001 and | Title 43 U.S.C. Section 1212, make | te it a crime for any person know | ingly and willfully to make to any denartme | ent or agency of the United States any false fictilious | | |