Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

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SUNDRY NOTICES AND REPORTS ON WELLING 2 6 2011 Do not use this form for proposals to drill or to re-enter an				5 Lease Serial No. NM-81259 6 If Indian, Allottee or Tribe Name	
SUBMIT IN TRIP	PLICATE - Other instruction	ns on page 2.		7 If Unit or CA/Agi	reement, Name and/or No.
1 Type of Well Oll Well Gas Well X Other PA				8 Well Name and No	
2 Name of Operator				Vest Ranch I	RE Federal #1
Yates Petroleum Corporation				9. API Well No	
3a Address	No. (include area code	=)	30-005-21086		
105 S. 4th Str., Artesia, NM 88	3210	575-748-1471		10. Field and Pool or Exploratory Area	
4 Location of Well (Footage, Sec ,T.,R ,M , OR Survey Description)				Undes. Queen	
				11. County or Parish, State	
1650' FSL & 1650' FEL Sec. 21-T14S-R30E (NWSE)				Chaves County, NM	
12 CHECK APPROPR	LIATE BOX(ES) TO INDICA	TE NATURE OF	NOTICE, REI	PORT, OR OT	THER DATA
TYPE OF SUBMISSION TYPE OF ACTION					
		1		(D)	[]
	Acidize	Deepen 1	Production (Si	art/ Kesume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
	Casing Repair	New Construction	Recomplete		Other
Subsequent Report	Change Plans	Plug and Abandon	Temporarily A	.bandon	
X Irinal Abandonment Notice	Convert to Injection	Plug Back	Water Disposa	น่	
13 Describe Proposed of Completed Operation Cle the proposal is to deepen directionally or recomp Attach the Bond under which the work will be following completion of the involved operations testing has been completed. Final Abandonmer determined that the site is ready for final inspect Yates Petroleum Corporation bond. All Yates requirements	plete horizontally, give subsurface locations a performed or provide the Bond No on file will the operation results in a multiple complete Notices must be filed only after all requirention.	and measured and true vert ith BLM/BIA Required su thin or recompletion in a na ments, including reclamation abandonment ap	tical depths of all pertir ibsequent reports must ew interval, a Form 31t n, have been complete	ent markers and zon be filed within 30 o 50-4 must be filed or d and the operator h	nes days nce as
14. I hereby certify that the foregoing is true	and correct				
Name (Printed/Typed)		. 0 "			
Michelle ⁻	Title Regula	atory Complia	nce Managei		
		1			

Office ROSWELL FIELD OFFICE Approved by

Conditions of approval, if any, are attached Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the 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

Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

December 18, 2007

Assistant Field Manager,

any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Signature

AUG 2 2 2011