Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Divisi 1625 N. French Drive Hebbs, NM 82249

FORM APPROVED OMB No. 1004-0135 Expires March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No.

District I

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

NM-96237

abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name N/A	
SUBMIT IN TRIPLI	CATE - Other instru	uctions on revers	e side	7. If Unit or CA/Agr	reement, Name and/or No.	
1. Type of Well					N/A	
X Oil Well Gas Well Other				8. Well Name and No.		
					Micro Brew BEU Federal 1	
2. Name of Operator Yates Petroleum Corporation					9. API Well No.	
3a. Address	3b. Phone No. (include ar	rea code)	30-025-36883			
105 S. 4th Str., Artesia, NM	505-748-1	471	10. Field and Pool, or Exploratory Area			
4) and in a five at Mall /Factors Con T. P. M.			Red Tank; Delaware, West			
4. Location of Well (Footage, Sec.,T.,R.,M., OR Survey Description)				Red Tank; Bone Spring 11. County or Parish, State		
990' FSL & 2310' FEL Unit O Sec. 13-T				'	County, NM	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE						
TYPE OF SUBMISSION						
TITE OF SODIVIDUO	YPE OF ACTION	· · · · · · · · · · · · · · · · · · ·	F			
	Acidize	Deepen	Production ((Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
X	Casing Repair	New Construction	on Recomplete		X Other DHC	
Subsequent Report	Change Plans	Plug and Abando	on Temporatily	Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo	osal		
Well DHC, producing from Roal Bone Spring Gas: Bone Spring Wate	o'. ed Tank; Delaware, 89% Dela = 82% Dela	SUBJECT LIKE APPR BY NMOCE West and Red Ta ware Oil = 11% ware Gas = 18% ware Water = 60%	OVAL	GAF	PONICORD D FOR HILCORD 2 8 2005 Y GOURLEY ELM E HOINEER	
Bone Opining Water	1 - 40 /0 Dela	water - 00%	Ωц	C-346	<u>.</u> 41	
14. I hereby certify that the foregoing is true	and correct		- P()	- 240	/ 1	
Name (Printed/Typed)						
Stormi Da	IVIS	Title H	Regulatory Complia	ance Lechnicia	an	
Signature	euis	Date 6	/30/05			
	THIS SPACE	OR FEDERAL OR ST	ATE OFFICE USE			
Approved by			Title	Date		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct	itable title to those rights in		Office	•	La la	