Form 3 160-5 (August 1999)	UNITED STATES DEPARTMENT OF THE INT DUREALLOE LAND MANAG						Expires movember 50, 2000		
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.							INo. IM-82904 12.3456 Ilottee or Tribe Name	101081	
SUBMIT IN TRIPLICATE - Other instructions on reverse side							5. Lease Serial No. NM-82904 12.3456 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/o/fo 11974 0CD - ARTESIA 8. Well Name and Nor Adeline ALN Federal #14 9. API Well No.		
X Oil Well Gas Well Other							and Noc	<u>`</u> ?`/	
2. Name of Operator							Adeline ALN Federal #14		
Yates Petroleum Corporation       3a. Address       3b. Phone No. (include area code)									
3a. Address 105 South Fourth Street Artesia NM 88210			(505) 748-1471			30-015-34335 10. Field and Pool, or Exploratory Area			
	<ol> <li>South Fourth Street, Artesia, NM 88210</li> <li>Location of Well (Footage, Sec., T., R., M., or Survey Description)</li> </ol>					Sand Dunes; Delaware, South			
330' FSL and 2310' FWL						11. County or Parish, State			
Section 6, T24S-F				Eddy Col	unty, New Mexico				
12. CHE	CK APPROF	PRIATE BOX(ES) TO INI	DICATE NAT	URE OF NO	TICE, REPO	ORT, OR OTH	ER DATA		
TYPE OF SUBM	IISSION			TYPE OF A	ACTION				
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonmer</li> <li>Describe Proposed or C</li> </ul>	nt Notice	Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         Alter Casing       Fracture Treat       Reclamation       Well Integrity         Casing Repair       New Construction       Recomplete       Other Extend APE         Change Plans       Plug and Abandon       Temporarily Abandon         otice       Convert to Injection       Plug Back       Water Disposal         keted Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.       directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones.         ch the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days         e involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 31604 shall be filed once							
Yates Petroleum Sources at YPC h	is ready for final action of the second seco	andonment Nouces shall be filed	captioned values	well's APD not be end	for one (1 bugh H2S	) year to Au found from t	gust 26, 2007. the surface to the		
Thank you.				A E	APPROVE	D FOR <u>12</u> 8-26 - 6	MONTH PERIOD		
14. I hereby certify the Vame Printed/Typ Cy Cow		is true and correct il: cy@ypcnm.com		@ypcnm.com	Regula	atory Agent			
Signature (					18, 2006				
		THIS SPACE F	ORNEDERAL	OR STATE					
Approved by	/e/ Dor	n Poterson		d man		Date	JG 0 2 2006		
certify that the applicant he which would entitle the app	olds legal or equiplicant to conduc		bject lease				OFFICE		
Title 18 U.S.C. Secti galses fictitious or fra (Instructions on reverse)	on 1001, mak audulent state	e it a crime for any person ments or representations as	knowingly an to any matter	d willfully to within its ju	make to any risdiction.	y department o	r agency of the United		

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	State of New Mexico rgy Minerals and Natural Resources	For drilling and production facilities, submit to appropriate NMOCD District Office. For downstream facilities, submit to Santa Fe office $\sqrt{2.3456}$				
NM 88210 .JM 87410 .Fe, NM 87505	Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505					
Is pit or below-	w-Grade Tank Registration of a pit or below-grade tank Covered by a "general plan"? on of a pit or below-grade tank Closure of a pit or below-grade tank Closure of a pit or below-grade tank closure of a pit of	Yes $\boxtimes$ No $\square$ $\bigotimes_{i \in I}$ $RECEIVED$ $\bigotimes_{i \in I}$ $CCD - ARTESIA$ $\bigotimes_{i \in I}$				
acility or well name and the all tederal #14 API #: County: Eddy Latitude Longitude	U/L or Qtr/Qtr <u>N</u> Sec <u>6</u> NAD: 1927 🔲 1983 🗍 Surface O	T 24S R 31E wner - Federal $\boxtimes$ State $\square$ Private $\square$ Indian $\square$				
Pit Type:       Drilling I Production Disposal         Workover       Emergency         Lined I Unlined       I         Liner type:       Synthetic I Thickness         Clay       Volume       20.000 bbl	Construction material:	Below-grade tank         Volume:      bbl Type of fluid:         Construction material:				
Depth to ground water (vertical distance from bottom of pit to high water elevation of ground water.)	Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	(20 points) et (10 points) ( 0 points)				
Wellhead protection area: (Less than 200 feet from a private water source, or less than 1000 feet from all other water source	b bla	(20 points)				
Distance to surface water: (horizontal distance to all wetland irrigation canals, ditches, and perennial and ephemeral watero	200 feet or more, but less than 100	(20 points) (10 points) ( 0 points)				
	Ranking Score (Total Points)	10 Points				
end date. (4) Groundwater encountered: No D Yes D If y and a diagram of sample locations and excavations.	. (3) Attach a general description es, show depth below ground surface te to the best of my knowledge and belief. I furth	n of remedial action taken including remediation start date and ft. and attach sample results. (5) Attach soil sample results er certify that the above-described pit or below-grade tank				
Date: July 14, 2005 Printed Name/Title <u>Debbie L. Caffall / Regulatory Technician</u> Your certification and NMOCD approval of this application/ otherwise endanger public health or the environment. Nor do regulations.	slosure does not relieve the operator of liability sho	and the contents of the pit or tank contaminate ground water or ompliance with any other federal, state, or local laws and/or				
Approval: Date: <u>SEP 14</u> 2005 Field S Printed Name/Title	Supervisor Signature	2R				