Form 3160-5 (August 1999)

N.M. Oil Cons. Division 1625 N. French Dr.

UNITED STATES
DEPARTMENT OF THE INTERIOR HObbs, NM 88240
BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135

SHAPPY NOTICES AND DEPORTS ON WELLS

Expires November 30,2000

| Do not use this form for proposals to drill or re enter an an abandoned well. Use Form 3160-3 (APD) for such proposals. | | | | | 5. Lease Serial No. |
|---|-------------------------------------|-------------------------------------|--------------------------------|---|--|
| | | | | | NM-15920 |
| | | | | | 6. If Indian, Allottee or Tribe Name |
| SUBMIT IN TRIPLICATE - Other instructions on revers | | | | reverse side | 7. If Unit or CA/Agreement, Name and/or No. |
| Type of Well | | | | | - |
| X Oil well Gas Well Other | | | | | 8. Well Name and No. |
| 2. Name of Operator | | | | | Howe TG Federal 2 |
| Yates P | etroleum Corpo | ration | | | 9. API Well No. |
| 3a. Address | | 3b. Phone No.(include area code) | | rea code) | 30-025-29038 |
| 105 South Fourth Street | | t | 505-748-1471 | | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well | (Footage, S | (Footage, Sec., T., R., M., OR Surv | | | EK Bone Springs |
| | | | | | 11. County or Parish, State |
| Unit N, 810' FSL & 1830' FWL Sec 30-T18S | | | | S-R34E | Lea |
| 12 CHECK APPRO | PRIATE BOX(ES | S) TO IND | ICATE NATURE OF | NOTICE, REPORT, OR | OTHER DATA |
| | | 3, 10 | l | | OTTENDATA |
| TYPE O | F SUBMISSION | | | TYPE OF ACTION | |
| Notice of Intent | Acidize | | Deepen | Production (Start/Resume) | Water Shut-Off |
| — | Alter Ca | asing | Fracture Treat | Reclamation | Well Integrity |
| X Subsequent Report | Casing | - | New Construction | Recomplete | X Other Add Bone Springs Perfs |
| | Change | Plans | Plug and Abandon | Temporarily Abandon | |
| | | | | | |
| Final Abandonment | NoticeConvert | to Injection | Plug Back | Water Disposal | |
| | | | | 4', 8360-8365', 8345-83 HCl and 200 balls. | NOV M 3 2003 GARO GOURSEY: GARO PETROLE JM ENGINEER |
| 14 I hereby certify that th | | d correct | | | |
| Name (Printed | <i>/Typed)</i> Stor m i [| Tavie | | Title Pagulaton Co | moliance Technician |
| 0 . | | Javis | | Title Regulatory Co | mpliance Technician |
| Signature | Dime D | hund | | Date | 11/12/03 |
| | រព្ឋទ | SPACE FO | RITEDERAL ORISTA | EOFFICE USE THE PARTY OF THE | |
| Approved by | | | | Title | Date NOV 1 8 2003 |
| Conditions of approval, if any certify that the applicant hold Which would entitle the appli | s legal or equitable title to | those rights in | | Office | |
| | | | it a crime for any person know | ringly and willbully to make to any depa | urtment or agency of the United |

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