Form 316015 (August 2007) NOV 18 2007 DEPARTMENT OF THE INTERIOR NOV 18 2007 DEPARTMENT OF LAND MANAGEMENT			OCD-HOP		ORM APPROVED DMB No 1004-0137 xpires July 31, 2010	
<b>SUBMIT IN TRIPLICATE -</b> Other instructions on page 2.				7. If Unit or CA/Ag	reement, Name and/or No	
1 Type of Well Gas Well Other				8 Well Name and I	No.	
2 Name of Operator Yates Petroleum Corporation				Belco AIA Fo	ederal #4H 🖌	
3a Address     3b. Phone No. (include area code)			)	30-025-38818		
105 S. 4th St., Artesia, NM	(575) 748-147	(575) 748-1471		10 Field and Pool or Exploratory Area		
<ul> <li>4 Location of Well (Footage, Sec ,T.,R.,M., OR Survey Description)</li> <li>330' FSL &amp; 1150' FWL (Unit M, SWSW) Sec 14-T20S-R32E (Pilot Hole)</li> </ul>				Salt Lake; Delaware		
669' FSL & 3963' FWL (Unit P, SESE) Sec 14-120S-R32E (Pilot Hole)				Lea County, New Mexico		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REP						
TYPE OF SUBMISSION TYPE OF ACTION						
Notice of Intent  Notice of Intent  Subsequent Report  Final Abandonment Notice  13. Describe Proposed of Completed Operation ( the proposal is to deepen directionally or rece Attach the Bond under which the work will following completion of the involved operativ testing has been completed Final Abandon determined that the site is ready for final insp  Please correct bottom hole loca 700' FSL & 1318' FEL  to: 669' FSL & 3963' FWL	mplete horizontally, give subsurface loca be performed or provide the Bond No cons. If the operation results in a multipl nent Notices shall be filed only after all ection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back g estimated starting date of titions and measured and tri m file with BLM/BIA R e completion or recomplet	Production (S Reclamation Recomplete Temporarily Water Dispo f any proposed work an e vertical depths of all icquired subsequent rep ion in a new interval, a	Abandon sal d approximate durat pertinent markers ar ports shall be filed v Form 3160-4 shall ompleted, and the op	ad zones. • • • • • • • • • • • • • • • • • • •	
14 I hereby certify that the foregoing is true and	соптест					
Name (Printed/Typed) Allison Ba	Title Regu	Title Regulatory Compliance Technician				
Signature Alloond	Date 10/21	/08				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by Conditions of approval, if any, are attached Appendix the applicant holds legal or equitable title the entitle the applicant to conduct operations thereof Title 18 U.S.C. Section 1001 and Title 43 U.S.C. fictitious or fraudulent statements or representation	would Office	K2 Ily to make to any depa	Date	······		
(Instructions on page 2)	• • • • • • • • • • • • • • • • • • • •					