

State of New Mexico
Energy, Minerals and Natural Resources Department

DISTRICT I

P.O. Box 1980, Hobbs NM 88240

DISTRICT II

P.O. Drawer DD, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-35840
5. Indicate Type of Lease	State <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VO-50407
7. Lease Name or Unit Agreement Name	
SUGAR PLUM 'BAP' STATE	
8. Well No	1
9. Pool Name or Wildcat	WILDCAT MISSISSIPPIAN

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL GAS
WELL WELL OTHER

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South 4th., Artesia, NM 88210

4. Well Location
Unit Letter K : 1650 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 8 Township 15S Range 35E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4024' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER _____ <input type="checkbox"/>		OTHER <u>Drilling</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7-16-02 Drilled 5' of new hole (12-1/4"). TD = 45'. Notified Sylvia Dickey w/Hobbs OCD via voice mail.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stormi Davis TITLE Regulatory Compliance Tech DATE 7/17/02
 TYPE OR PRINT NAME Stormi Davis TELEPHONE NO. 505-748-1471

(This space for State Use)
 APPROVED BY _____ TITLE PAUL E. KAUTZ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: _____
PETROLEUM ENGINEER JUL 23 2002

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