State of New Mexico Form C-103 **Submit 3 Copies to Appropriate District** Office Revised March 25, 1999 **Energy, Minerals and Natural Resources** District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-005-63552 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease **District III** 2040 South Pacheco St. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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: Quicksilver BCC State Com. RECEIVED 33211 X Oil Well Gas Other 2. Name of Operator 8. Well No. NOV 2 1 2003 Yates Petroleum Corporation OCD-ARTESIA 3. Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 Undesignated Precambrian 4. Well Location feet from the North line and 660 feet from the West line Unit Letter: E Section County **NMPM** Township 10S Range 26E Chaves 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING COMMENCE DRILLING OPNS TEMPORARILY ABANDON CHANGE PLANS** PLUG AND ABANDONMENT **PULL OR ALTER CASING MULTIPLE CASING TEST AND** COMPLETION **CEMENT JOB** OTHER: OTHER: Name Change 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Yates Petroleum Corporation wishes to change the name of the captioned well to the Quicksilver BCC State Com. #1 from the Quicksilver BBC State Com. #1. Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Regulatory Agent TITLE DATE 11/21/03 Type or print name Robert Asher Telephone No. (505) 748-4376 (This space for State use)

Gen W. Gum APPROVED BY

SUPERVISOR, DISTRICT II

DATE DEC 18 2003

Conditions of approval, if any: