

Submit 3 copies
to Appropriate
District Office

Form C-103
Revised 1-1-89

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. 30-005-23660

5. Indicate Type of Lease
State FEE

6. State Oil & Gas Lease No.
NM-L5449

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.)

7. Lease Name or Unit Agreement Name

STATE 32 COM

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
Yates Petroleum Corporation

9. Pool Name or Wildcat
SPRINGS MORROW

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

4. Well Location
Unit Letter G : 2080 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 32 Township 20S Range 26E NMPM EDDY COUNTY

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:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER SHUT-IN TEST

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.

Yates Petroleum Corporation is performing this Mechanical Integrity Test pursuant to rule 203 and in full compliance with the testing & reporting provisions of Supplemental Stipulation and agreement effective October 24, 2002, as to Shut-in Wells.

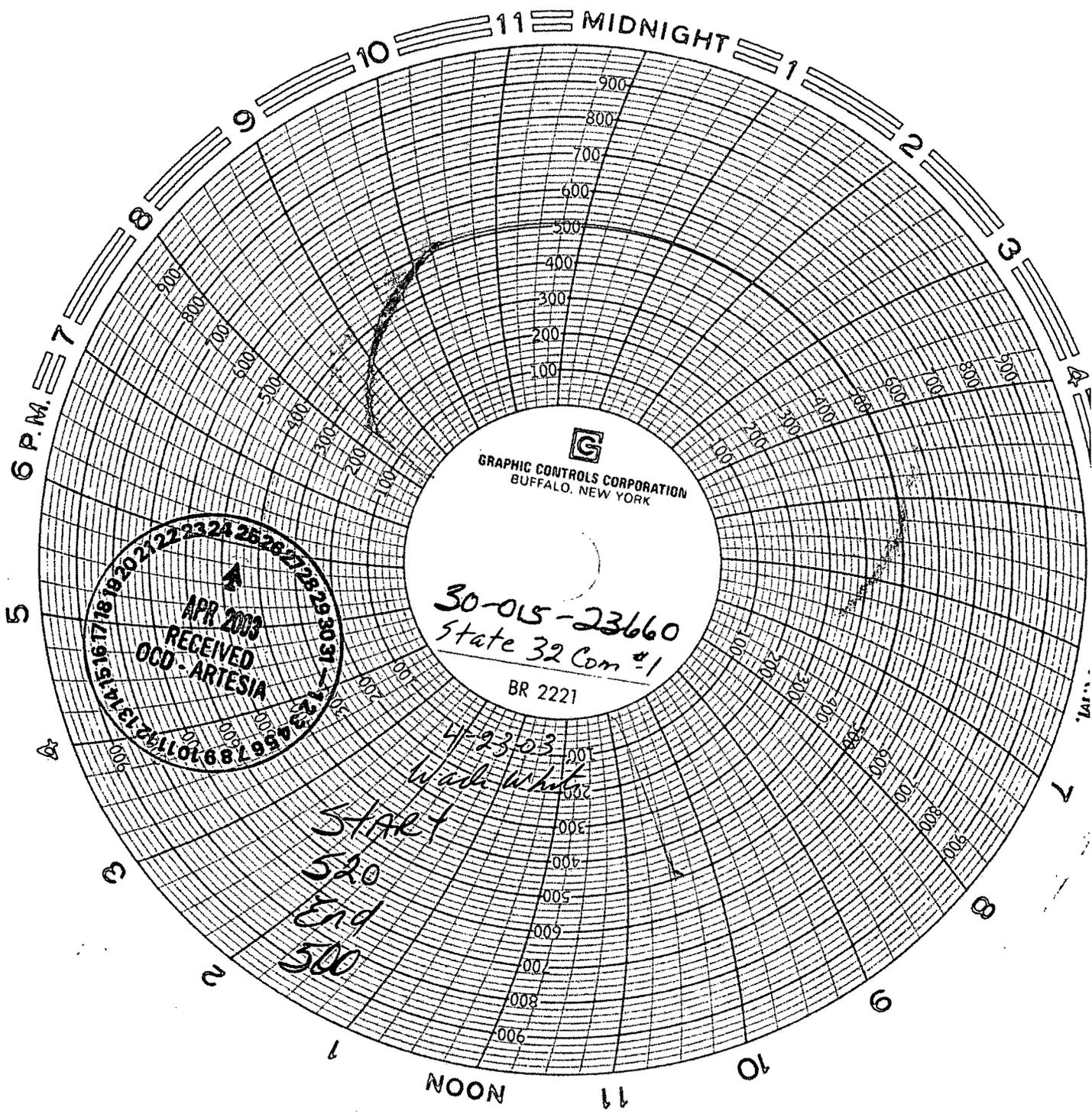
Mechanical Integrity Test conducted 4-23-03. Chart attached.

Temporary Abandoned Status approved
until 4-23-08

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

SIGNATURE Donna Clack TITLE Regulatory Technician DATE 4/25/03
TYPE OR PRINT NAME DONNA CLACK TELEPHONE NO. 505-748-1471

(This space for State Use)
APPROVED BY [Signature] TITLE Field Rep ID DATE APR 25 2003
CONDITIONS OF APPROVAL, IF ANY:



APR 22 2003