

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NM-L5449
7. Lease Name or Unit Agreement Name	STATE 32 COM
8. Well No.	1
9. Pool Name or Wildcat	SPRINGS MORROW
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator	Yates Petroleum Corporation
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

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

NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	SHUT-IN TEST <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.

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.

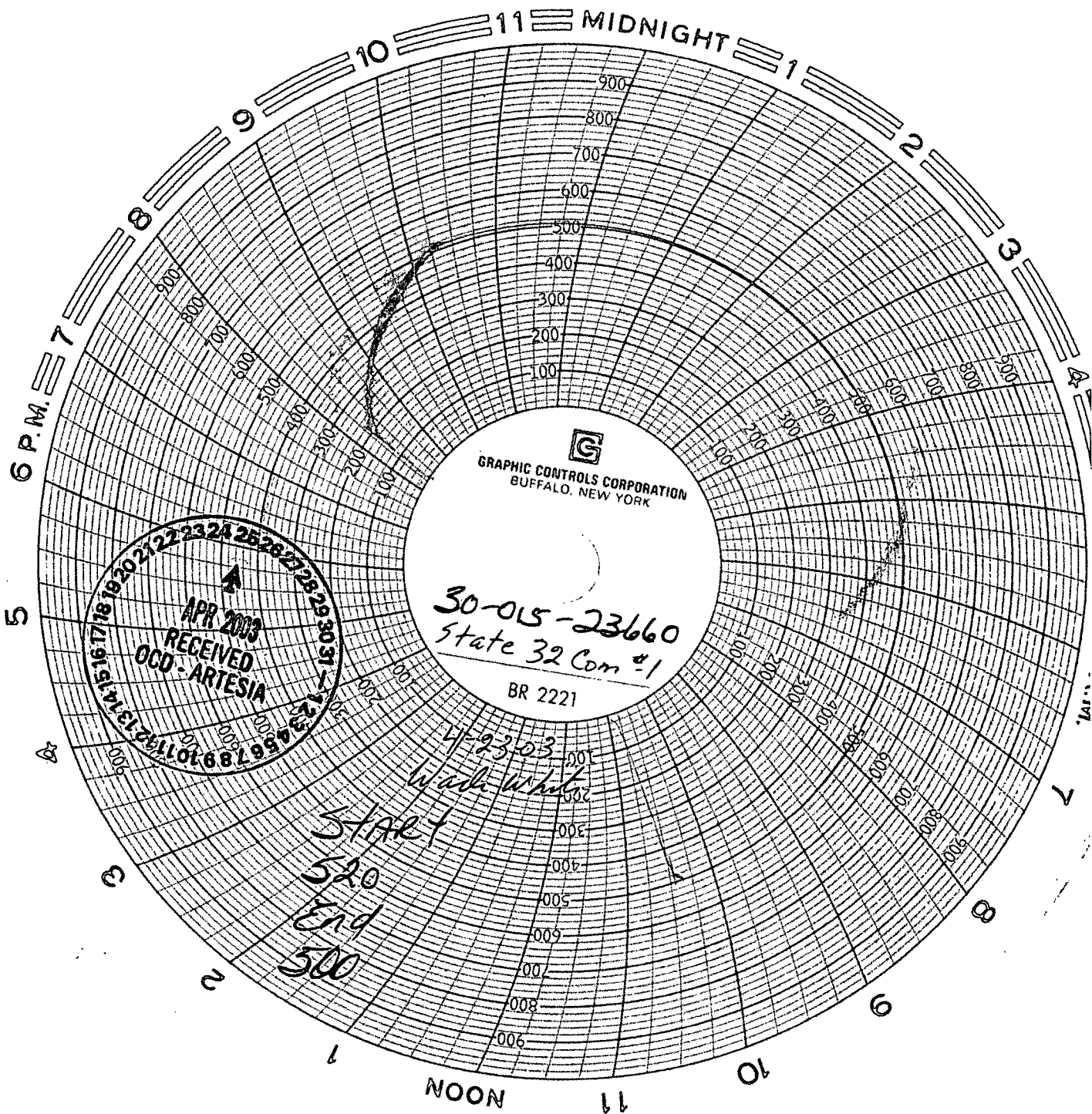
Mechanical Integrity Test conducted 4-23-03. Chart attached.

Temporary Abandoned Status approved
until 4-23-08

I hereby certify that the information above is a true and complete statement 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 Wild Dog ID DATE APR 25 2003
CONDITIONS OF APPROVAL, IF ANY:



APR 22 2003