

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLIF
OP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-005-63267
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-4701

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	Pale Rider AWB State
8. Well No.	1
9. Pool name or Wildcat	Wildcat Precambrian

1. Type of Well:
 OIL WELL GAS WELL OTHER

2. Name of Operator
 YATES PETROLEUM CORPORATION

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

4. Well Location
 Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
 Section 13 Township 12S Range 27E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
 3791' 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Spud</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.

8-1-2000 - Spudded a 14" hole with rathole machine at 6:15 PM 8-1-2000. Drilled to 10'. Shut down. NOTE: Notified Mike Stubblefield w/OCD-Artesia.

RECEIVED
OCD ARTESIA

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

SIGNATURE *Rusty Klein* TITLE Operations Technician DATE Aug. 4, 2000
 TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY *Jim W. Keem* TITLE District Supervisor DATE AUG 10 2000
BGA

CONDITIONS OF APPROVAL, IF ANY: