1625 N. French Dr., Hobbs, NM 88240 District II	State of New M nergy, Minerals and Na DIL CONSERVATIO 2040 South Pack Santa Fe, NM 3	tural Resources N DIVISION acco St.	WELL API NO. 30-015-32362 5. Indicate Type STATE X 6. State Oil & Ga	FEE				
SUNDRY NOTICES A	ND REPORTS ON V	VELLS	7. Lease Name of	r Unit Agreement Name:				
(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-tour FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other								
2. Name of Operator		UCT 2002	8. Well No.					
Yates Petroleum Corporation /	<u> </u>	ECEIVED SIL		2				
3. Address of Operator		- ARTESIA	9. Pool name or Wildcat					
105 South Fourth Street, Artesia, New	Mexico 88210 5	<u></u>	Undesignated Boyd Morrow					
4. Well Location	8 B C							
Unit Letter: <u>A : 660</u>	feet from theNorth	1 - 10 line and	<u>660</u> feet		line			
Section 33		Range 25E	NMPM	County Eddy				
	10. Elevation (Show		RT, GR, etc.)					
		3539'			-			
	opriate Box to Indica	te Nature of Not	ice, Report, or C	)ther Data				
NOTICE OF INTER	NTION TO:	S	UBSEQUENT I	REPORT OF:				
PERFORM REMEDIAL WORK	UG AND ABANDON		rk []	ALTERING CASING				
TEMPORARILY ABANDON	ANGE PLANS	COMMENCE DR		PLUG AND ABANDONMENT				
	LTIPLE  MPLETION	CASING TEST A CEMENT JOB						
OTHER: Change Name & Spacing	X	OTHER:						

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 from the State "AU" State Com. #2 to the State "AU" Com. #2 and the spacing for this well from the E/2 to the N/2 as shown on the attached plat, effective 7/9/2002. Thank you.

I hereby certify that the information above is true and o	complete to the	he best of my knowledge an	d belief.	······································
SIGNATURE	TITLE	Regulatory Technician	DATE_	10/16/02
Type or print name Robert Asher			Telephone No.	(505) 748-1471
(This space for Stateruse) APPROVED BY Conditions of approval, if any:	I W. GCM TITLE		DATE	ST 2 5 202

District I	State o	Form C	2-102	
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals & I	Revised August 15.	2000	
District II				
811 South First, Artesia, NM 88210	OIL CONSE	Submit to Appropriate District O		
District.III	1220 Sou	th St. Francis Dr.	State Lease - 4 Copi	
1000 Rio Brazos Rd., Aztec, NM 87410		Fe. NM 87505	Fee Lease - 3 Copie	
District IV			r to Exase 5 ex	00103
1220 S. St. Francis Dr., Santa Fe, NM 87505			AMENDED REP	ORT
W	ELL LOCATION AND	<b>ACREAGE DEDICATION</b>	PLAT	
<sup>1</sup> API Number	<sup>2</sup> Pool Code	3]	Pool Name	
30-015-32362	30-015-32362 Undesignate			
<sup>4</sup> Property Code	<sup>5</sup> Pr	<sup>6</sup> Well Number		
30038	State	2		
<sup>7</sup> OGRID No.	* O <sub>l</sub>	' Elevation		
025575	Yates Petro	3539'		

## <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	33	185	25E		660	North	660	East	Eddy
<sup>11</sup> Bottom Hole Location If Different From Surface									

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or	Infili <sup>14</sup> C	Consolidation	Code <sup>15</sup> Oi	rder No.		L		
320									

## NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

NM-27912	V-6373	E-10165	660'	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.
				Signature Printed Name Title Date
		ر بر بر بر ا آرای PEC	2002 ARTESIA	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.
		0CD -		Date of Survey Signature and Scal of Professional Surveyor: <b>REFER TO ORIGANAL PLAT</b> Certificate Number