Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department

| Form | C-103 |
|-------|-----------|
| Revis | ed 1-1-89 |

| DISTRICTI | |
|--------------------------|-------|
| DO Day 1000 Habbe NM | 88240 |
| P.O. Box 1980, Hobbs, NM | 00240 |

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

| OIL | CONS | ERY | VAT | ION D | IVISION |
|-----|------|-----|-----|-------|---------|
| | | | _ | | |

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

30-015-27356 5. Indicate Type of Lease FEE X

STATE

WELL API NO.

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil & Gas Lease No. |
|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | BACK TO A 7. Lease Name or Unit Agreement Name ** |
| 1. Type of Well: OIL OAS WELL XX WELL OTHER | Hooper AMP |
| 2. Name of Operator YATES PETROLEUM CORPORATION | 8. Well No. |
| 3. Address of Operator 105 South 4th St., Artesia, NM 88210 | 9. Pool name or Wildcat N. Dagger Draw Upper Penn |
| 4. Well Location | |
| Check Appropriate Box to Indicate Nature of NOTICE OF INTENTION TO: | of Notice, Report, or Other Data SUBSEQUENT REPORT OF: |
| | IAL WORK ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS COMME | ENCE DRILLING OPNS. PLUG AND ABANDONMENT |
| PULL ON ALTER OASING | S TEST AND CEMENT JOB |
| OTHER: OTHER | Began Producing Through a LACT X |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give per | tinent dates, including estimated date of starting any proposed |

work) SEE RULE 1103.

Well began producing through a LACT Unit on April 11, 1994. LACT Unit is located at the Hooper AMP #1 location (Unit M of Section 21-T19S-R25E).

LACT Permit No. 145 approved October 18, 1993.

| | • |
|---|---------------------------|
| I hereby certify that the information above if true and complete to the best of my knowledge and belief. | |
| I hereby certify that the information above is the and complete to the doct of my showing and the signature | DATE April 11, 1994 |
| TYPEOR PRINT NAME Rusty Klein | тецерноме но. 505/748-147 |
| | |

(This space for State Use)

SUPERVISOR DISTRICT IL

APR 2 5 1994

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY: