

**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

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|---|
| WELL API NO.<br>30-015-28188  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

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| 7. Lease Name or Unit Agreement Name<br>Hooper AMP Com  |
| 8. Well No.   |
| 9. Pool Name or Wildcat<br>North Dagger Draw Upper Penn |

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|--|---|
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 2. Name of Operator<br>YATES PETROLEUM CORPORATION  |
| 3. Address of Operator<br>105 South 4th St., Artesia, NM 88210   | 4. Well Location<br>Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line<br>Section 20 Township 19S Range 25E NMPM Eddy County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3511' GR   |   |

|   |  |
|---|--|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |  |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                       |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>                             |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | CASING TEST AND CEMENT JOB <input type="checkbox"/>                          |
| OTHER: <input type="checkbox"/>   | OTHER: Producing thru existing lact unit <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.

Well began producing thru lact unit on February 3, 1995. 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 is true and complete to the best of my knowledge and belief.

SIGNATURE Rusty Klein TITLE Production Clerk DATE 2-13-95  
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1471

(This space for State Use)

**ORIGINAL SIGNED BY TIM M. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 20 1995

CONDITIONS OF APPROVAL, IF ANY: