Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

| 1 | Form | C. | 10 | } |
|---|-------|----|-----|----|
| | Revis | eď | 1-1 | -8 |

| DISTRIC | LI | | | |
|----------|-------|-------|----|-------|
| 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. | | i |
|------------------|---------------------|-----|
| 30 |)-015-2 <u>9004</u> | |
| 5. Indicate Type | of Lease | |
| | STATEX | FEE |

6. State Oil & Gas Lease No.

| _ | |
|--------|--|
| V-3001 | |
| | |
| | |

| 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" | | | 7. Lease Name or Unit Agreement Name | |
| (FORM C-101) FOR SUCH PR | OPOSALS.) | | | |
| 1. Type of Well: | | Ž. | | |
| OIL GAS WELL (| THER | | Savannah State | |
| 2. Name of Operator YATES PETROLEUM CORPORATION | | RECEIVED | 8. Well No. 2 | |
| 3. Address of Operator | | OCD APTESIA | 9. Pool name or Wildcat | |
| 105 South 4th St., Artesia, NM 88 | 210 | TOTAL | Dagger Draw Upper Penn, North | |
| 4. Well Location | | | _ | |
| Unit LetterB :660 Feet From The _ | North | Line and1980 | Feet From The East Line | |
| Section 32 Township | 19S Rai | nge 25E I | NMPM Eddy County | |
| Section 12. Identition (Show whether DF, RKB, RT, GR, etc.) | | | | |
| 11. Check Appropriate Box | x to Indicate N | Nature of Notice, Re | eport, or Other Data | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND A | BANDON [| REMEDIAL WORK | ALTERING CASING | |
| TEMPORARILY ABANDON CHANGE PLA | NS | COMMENCE DRILLING | OPNS. PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | | CASING TEST AND CE | | |
| OTHER: | | OTHER: Sellin | ng thru lact unit X | |
| 12. Describe Proposed or Completed Operations (Clearly state all | pertinent details, an | d give pertinent dates, inclu | ling estimated date of starting any proposed | |

Began selling thru a lact unit located at the Dagger ZW battery (Unit K - Section 30-T19S-R25E) on February 20, 1998.

Oil transporter will be Amoco Pipeline Company/Amoco P/L Int. Trucking Gas transporter will be Yates Petroleum Corporation - Dagger Draw Gas Processing

| I hereby certify that the information above is true and complete to the best of my knowledge SMONATURE RUSTY Klein | e mod bedief. Operations Technician TILE | _ DATE <u>Feb. 20, 1998</u> TELEPHONE NO. 505/748-1471 |
|---|--|---|
| (This space for State Use) APPROVED BY | TITLE | _ DATE |

CONDITIONS OF APPROVAL, IF ANY: