

Submit 3 Copies
to Appropriate
District Office

File	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BLM	<input type="checkbox"/>	<input type="checkbox"/>
Land Office	<input type="checkbox"/>	<input type="checkbox"/>
H of M	<input type="checkbox"/>	<input type="checkbox"/>
Operator	<input checked="" type="checkbox"/>	<input type="checkbox"/>

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

RECEIVED
MAY 21 '90

WELL API NO. 30-015-26334
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sidewinder
8. Well No. 1
9. Pool name or Wildcat Und. Crooked Creek (Morrow)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4277.6 GR

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Yates Energy Corporation
3. Address of Operator P. O. Box 2323, Roswell, NM 88202-2323
4. Well Location Unit Letter F : 2310 Feet From The North Line and 1980 Feet From The West Line Section 20 Township 24-S Range 24-E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4277.6 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: Elevation correction <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.

5/16/90 Survey was made to determine the finished pad elevation (Well Location and Average Dedication Plat attached)

Finished pad	4277.6
Rig Floor	4289.6
Rotary Table	4289.8

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

SIGNATURE Sharon R. Hamilton TITLE Landman DATE 5/18/90
TYPE OR PRINT NAME Sharon R. Hamilton TELEPHONE NO 623-4935

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAY 29 1990

CONDITIONS OF APPROVAL, IF ANY: