Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco St.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-32518

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
VO-5824

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.)

7. Lease Name or Unit Agreement Name:

Samuel Smith Unit

RECEIVED

1. Type of Well:
Oil Well [ ]   Gas Well [X]   Other

2. Name of Operator
Yates Petroleum Corporation

8. Well No.
2

JAN 2 8 7004

OCD-ARTESIA

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88210

9. Pool name or Wildcat
Crooked Creek Morrow

4. Well Location
Unit Letter: I   : 1420'   feet from the   South   line and   1190'   feet from the   East   line
Section   32   Township 23S   Range 24E   NMPM   County Eddy

4242' GL

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]   MULTIPLE COMPLETION [ ]
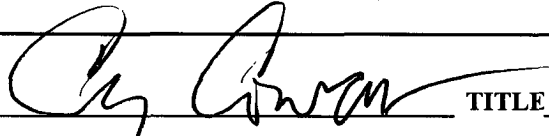
OTHER: [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: Change of name. [X]

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 wishes to change the name for the captioned well from the the Samuel Smith BAS State #1 to the Samuel Smith Unit #2. Thank you.

Accepted for record NMOCD

SIGNATURE _____   TITLE   Regulatory Agent   DATE   01/28/04

Type or print name Cy Cowan   Telephone No.   (505) 748-1471

(This space for State use)

APPROVED BY _____   TITLE _____   DATE _____

Conditions of approval, if any: