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

WELL API NO.
30-005-62775

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

6. State Oil & Gas Lease No.
LG-5246

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

Pathfinder AFT State

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER   SWD   (SWD-394)

2. Name of Operator
YATES PETROLEUM CORPORATION

8. Well No.
7

3. Address of Operator
105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat
SWD - San Andres

4. Well Location

Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West Line

Section 21   Township 10S   Range 27E   NMPM   Chaves   County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3835' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____	[ ]	OTHER: Mechanical Integrity Test	[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.

Please see attached chart for Mechanical Integrity Test conducted on September 21, 2000.
310# for 30 minutes, OK.

NOV 2000
RECEIVED
OCD - ARTESIA

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

SIGNATURE _____

TYPE OR PRINT NAME Rusty Klein

TITLE Operations Technician   DATE Nov. 3, 2000

TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____   TITLE Field Rep. II   DATE 11/13/2000

CONDITIONS OF APPROVAL, IF ANY:

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

LBS.
PER.
SQ. IN.

310 #
for 30
min

PATHFINDER APT #7
9/21/00   19
BR 4644

6 AM
NOON
6 PM