State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. DISTRICT P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-005-62788 Santa Fe, New Mexico 87504-2088 DISTRICTLI 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE ___ 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 V - 1448SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Starfish AHM State GAS WELL OIL X OTHER 8. Well No. 2. Name of Operator YATES PETROLEUM CORPORATION 9. Pool name or Wildcat 3. Address of Operator 105 South 4th St., Artesia, NM Well Location 1980 West Line North Feet From The . 1980 Feet From The Line and Unit Letter _ Chaves County 27E **9**S **NMPM** Range Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3908' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER: 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. 5-31-90. MIRU. 6-1-90. Spudded 121" hole 10:00 AM 6-1-90 with cable tool. Notified May Morgan, NMOCD, Artesia, NM of spud. 6-8-90. TD 15'. RDCT.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TIME Production Supervisor DATE _6-19-90 SIONATURE -**ТЕГЕРНОИЕ NO.** 505/748-1471 Juanita Goodlett TYPE OR PRINT NAME (This space for State Use) ORIGINAL SIGNED BY JUN 2 5 1990 MIKE WILLIAMS DATE SUPERVISOR, DISTRICT IT

CONDITIONS OF AFPROVAL, IF ANY:

APPROVED BY