o'4'o
0'

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-63237

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

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

DALLAS AUE STATE *Com*
29357

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

8. Well No.
1

2. Name of Operator
Yates Petroleum Corporation

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

9. Pool Name or Wildcat
FOOR RANCH PRE-PERMIAN

4. Well Location
Unit Letter I   1500 Feet From The South Line and 660 Feet From The East Line

Section 35 Township T9S Range R26E NMPM

CHAVES COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3682' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER _____ [ ]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinenet dates, including estimated
date of starting any proposed work)   SEE RULE 1103.

YATES PETROLEUM CORPORATION RESPECTFULLY REQUESTS TO CHANGE THE NAME OF THE

THIS WELL EFFECTIVE 1-29-02

FROM: DALLAS AUE STATE #1
To: DALLAS AUE STATE COM #1

THANK YOU

RECEIVED
OCD - ARTESIA
123456789101112131415

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

SIGNATURE *Donna Clack*

TYPE OR PRINT NAME *Donna Clack*

TITLE *Operations Techician*

continued on next page

DATE *1/29/02*

TELEPHONE NO *505-748-1471*

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR TITLE

DATE FEB 0 4 2003

CONDITIONS OF APPROVAL, IF ANY: