Form C-103 State of New Mexico Submit 3 Copies to Appropriate District Revised March 25, 1999 Office **Energy, Minerals and Natural Resources** District ! WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 005-6337 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco St. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 LG-5078 7. Lease Name or Unit Agreement Name: SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO BE THE TOTAL OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" FORM C-101) FQR SUCH PROPOSALS.) Night Owl "AFA" State Com. 1. Type of Well: Oil Well X Gas Well Other 8. Well No. 2. Name of Operator Yates Petroleum Corporation 9. Pool name or Wildcat 3. Address of Operator Undes. Foor Ranch Pre Permain 105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location 990' feet from the South line and feet from the East line Unit Letter: P County Chaves 26E Section Township 9S Range **NMPM** 22 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3787' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS **PLUG AND CHANGE PLANS** x **TEMPORARILY ABANDON** ABANDONMENT **CASING TEST AND PULL OR ALTER CASING** MULTIPLE COMPLETION **CEMENT JOB** 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Yates Petroleum Corporation wishes to move location from 660' FSL and 660' FSL and 990' FEL. See Attached Plat. Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Parlene Chavarria TITLE Regulatory Technician DATE 05/08/01

Telephone No.

DATE

(505) 748-1471

MAY 0 9 2001

Conditions of approval, if any:

(This space for State use)

APPROVED BY

Type or print name Darlene Chavarria

ORIGINAL SIGNED BY TIM W. GUM DISTRICT IN SUPERVIOLE