| Submit 3 copies to Appropriate District Office  | State of N                          | lew Mexico                               | Form C-103   |
|---|-------------------------------------|--|--|
| <u>DISTRICT I</u>   |                                     | nd Natural Resources                     | Revised March 25, 1999   |
| 1625 N. French Dr., Hobbs NM 88240<br>DISTRICT II   |                                     |  | WELL API NO.   |
| 1301 W. Grand Avenue, Artesia NM 88210  |                                     | ATION DIVISION<br>St. Francis Dr.        | 30-025-36581<br>5. Indicate Type of Lease  |
| DISTRICT III  1000 Rio Brazos Rd., Aztec NM 87410   |                                     | Mexico 87504-2088                        | STATE X FEE  |
| DISTRICT IV   | Jama v J, v J                       |  | 6. State Oil & Gas Lease No.   |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505   |                                     |  | VA-1991  |
| SUNDRY 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   |                                     |  | Maria Otata Uluit  |
| PROPOSALS.)  1. Type of Well:   |                                     |  | Merle State Unit 8. Well No.   |
| Oil Well Gas Well X Other   |                                     |  | 0. Weil 140.   |
| 2. Name of Operator   |                                     |  | 9. OGRID No.   |
| Yates Petroleum Corporation   |                                     |  | 25575  |
| 3. Address of Operator  |                                     |  | 10. Pool Name or Wildcat   |
| 105 South 4th Str., Artesia, NM 88210   |                                     |  | Wildcat Mississippian  |
| 4. Well Location  |                                     |  |  |
| Unit Letter O: 1250   | feet from the South                 | line and1650                             | feet from the <u>East</u> line   |
|   | Township 10S Range                  | 34E NMPM                                 | County Lea   |
| 10. E   | Elevation (Show whether DF, RKB     | , RT, GR, etc.)                          |  |
| incontinue es   | 4158' 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  | MULTIPLE COMPLETION                 | CASING TEST AND CEMENT JOB               |  |
| OTHER:  |                                     | OTHER: Product                           | ion Casing 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 recompilation.   |                                     |  |  |
|   |                                     |  |  |
|   |                                     |  |  |
|   |                                     |  |  |
| 5-9-04 TD 8-3/4" hole to 12800' @ 3:00 a.m. Ran 5-1/2" 17# casing set @ 12800'. Cemented w/2275   |                                     |  |  |
| sx 35:65:6 "H" w/additives. Tailed in w/1660 sx 15:16:11 "C" w/additives. Cement circulated   |                                     |  |  |
|   |                                     |  |  |
|   |                                     |  | 13793031-7-1000 ANN 8001 ANN 8 |
|   |                                     |  | 7.17<br>So So S   |
|   |                                     |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |
|   |                                     |  | The second second  |
|   | •                                   |  | EG .   |
|   |                                     |  | E11101681363   |
| Thereby certify that the information  | on above a true and complete to the | e best of my knowledge and belief.       |  |
| SIGNATURE COM   | Daries TITLE                        | Regulatory Compliance Tech               | nician PARAMETER 15/13/04  |
| Type or print name Storr  | ni Davis                            | en e | Telephone No. 505-748-1471   |
| (This space for State use)  |                                     |  |  |
| APPROVED BY HOLD TITLE OC FIELD REPRESENTATIVE ITYSTAFF MANAGER   |                                     |  |  |
| Conditions of approval, if any:   | 0                                   |  | MAY 2 4 2004   |