

Submit 3 copies to Appropriate District Form C-103 State of New Mexico Revised March 25, 1999 DISTRICT | Energy, Minerals and Natural Resources WELL API NO. 1625 N. French Dr., Hobbs NM 88240 DISTRICT II OIL CONSERVATION DIVISION 30-025-35964 1301 W. Grand Avenue, Artesia NM 88210 1220 South St. Francis Dr. 5. Indicate Type of Lease DISTRICT III 1000 Rio Brazos Rd., Aztec NM 87410 STATE X Santa Fe, New Mexico 87504-2088 FEE 6. State Oil & Gas Lease No. DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 VO-6649 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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) West Echols State Unit 1. Type of Well: Gas Well X Other Oil Well 8. Well No. 2. Name of Operator Yates Petroleum Corporation 3. Address of Operator 9. Pool Name or Wildcat 105 South 4th Str., Artesia, NM 88210 Wildcat Mississippian 4. Well Location Unit Letter 1980 feet from the South line and 1980 feet from the East line 118 38E 17 Township Range **NMPM** County Lea Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3904' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT MULTIPLE **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB COMPLETION Drilling  $\mathbf{x}$ 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 recompilation. 10-30-02 Drilled 5' of new hole (12-1/4"). TD = 25'. Notified Sylvia Dickey w/Hobbs OCD. Thereby certify that the information above a true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Regulatory Compliance Technician 10/30/02 DATE Stormi Davis Type or print name Telephone No. 505-748-1471 (This space for State use) DATE NOV '- 1 2002 ORIGINAL SIGNED BY APPROVED BY GARTITLE MINIE OC FIELD REPRESENTATIVE II/STAFF MANAGER Conditions of approval, if any: