

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. <b>30-025-31076</b>
5. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
7. Lease Name or Unit Agreement Name <b>FLAMENCO FEDERAL SWD</b>
8. Well No. <b>1</b>
9. Pool Name or Wildcat TOWNSEND PERMO-U/PENN SALT WATER DISPOSAL DELAWARE

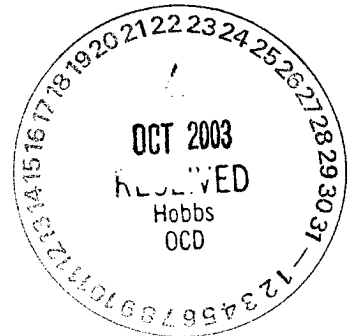
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER SWD <input type="checkbox"/>	
2. Name of Operator <b>YATES PETROLEUM CORPORATION</b>	
3. Address of Operator <b>105 South 4th Street, Artesia, NM 88210</b>	
4. Well Location Unit Letter <b>L</b> : <b>1650'</b> Feet From The <b>South</b> Line and <b>660'</b> Feet From The <b>East West</b> Line Section <b>7</b> Township <b>22S</b> Range <b>32E</b> NMPM LEA COUNTY	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>MIT</u> <input checked="" type="checkbox"/>	

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.

10-9-03 Changed out packer and 1 joint of tubing to re-test.  
10-10-03 Pressured up to 440 psi for 35 min. Held  
Test witnessed by Buddy w/ OCD Hobbs. 10-10-03. Chart attached.



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

SIGNATURE Michelle Taylor TITLE Regulatory Compliance Mgr DATE 14-Oct-03  
TYPE OR PRINT NAME Michelle Taylor TELEPHONE NO. 505-748-1471

(This space for State Use)  
APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 24 2003  
CONDITIONS OF APPROVAL, IF ANY:

# Wildcat Measurement

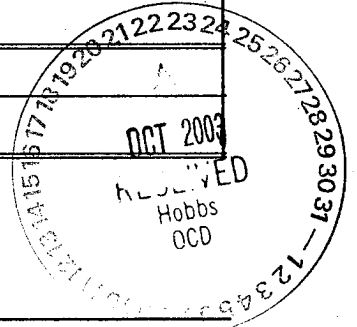
## Calibration Certificate

### Pressure Recorder

Serial Number: 74A-5678

Pressure Range 1000# p.s.i. accuracy +/- 0.2% % Full Scale 1000# p.s.i.

Increasing Pressure			Decreasing Pressure		
Applied Pressure	Indicated Pressure	Difference	Applied Pressure	Indicated Pressure	Difference
0.0#	0.0#	0.0#	800.0#	800.0#	0.0#
100.0#	100.0#	0.0#	600.0#	600.0#	0.0#
300.0#	300.0#	0.0#	400.0#	400.0#	0.0#
500.0#	500.0#	0.0#	200.0#	200.0#	0.0#
700.0#	700.0#	0.0#	0.0#	0.0#	0.0#
1000.0#	1000.0#	0.0#			



Calibrated By: DCT Gauge

Deadweight

This Is To Certify That This Recorder Has Been Inspected And Tested.

Remarks

Date Of Calibration 10-10-2003

Inspector

*[Signature]*

