Submit 3 Copies
to Appropriate
District Office

**State of New Mexico**
Energy, Minerals and Natural Resources Department

**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

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

| WELL API NO. |
|---|
| 30-025-34874 |

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

6. State Oil & Gas Lease No.
V-4583

## 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

Tamale AUL State

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

8. Well No.
1

2. Name of Operator
YATES PETROLEUM CORPORATION

9. Pool name or Wildcat
Wildcat Mississippian (gas)

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

4. Well Location

Unit Letter  D  :  660  Feet From The  North  Line and  660  Feet From The  West  Line

Section  9   Township  10S   Range  34E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4239' 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: Drill  [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.

2-18-2000 - Drilled 5' of new hole (12-1/4"). TD 15'. Shut down. NOTE: Notified Sylvia w/OCD-Hobbs.

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

SIGNATURE _Rusty Klein_   TITLE  Operations Technician   DATE  Feb. 23, 2000

TYPE OR PRINT NAME  Rusty Klein

TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: