

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

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| WELL API NO. | 30-025-34898 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | V-1315 |
| 7. Lease Name or Unit Agreement Name | |
| East Sand Springs Unit | |
| 8. Well No. | 3 |
| 9. Pool name or Wildcat | Wildcat Mississippian |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |
| 4182' GR | |

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.)

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|--|---|
| 1. Type of Well: | OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER |
| 2. Name of Operator | YATES PETROLEUM CORPORATION |
| 3. Address of Operator | 105 South 4th St., Artesia, NM 88210 |
| 4. Well Location | Unit Letter <u>N</u> : <u>1000</u> Feet From The <u>South</u> Line and <u>1400</u> Feet From The <u>West</u> Line |
| Section <u>6</u> | Township <u>11S</u> Range <u>35E</u> NMPM Lea County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |
| 4182' 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: Spud & conductor ☒

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.

Spudded a 26" hole with rat hole machine at 9:30 AM 3-26-2000. Drilled to 40'. Set 40' of 20" conductor pipe. Cemented to surface.

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 Aug. 28, 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:

