

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. 30-041-20412
5. Indicate Type of Lease STATE [] FEE [X]
6. State Oil & Gas Lease No.

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 WELL [X] GAS WELL [] OTHER

2. Name of Operator John Yates Jr. - Oil Operator

3. Address of Operator 331 W Main STE A

4. Well Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 22 Township 8S Range 37E NMPM Roosevelt County

7. Lease Name or Unit Agreement Name Murphy Hinton

8. Well No. 1

9. Pool name or Wildcat Bluit San Andres, Assoc.

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4008' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [X] 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: []

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.

Verbal permission was obtain by Bill Prichard

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

Plug and abandon as follow

- 1. Run and set cmt ret to 2850', squeeze 50 sx under ret.
2. Sting out ret spot 50 sx cmt 2850' - 2350' ptg.
3. Perforate 5 1/2 csg @ 415' .
4. 50' under 8 5/8 shoe @ 365'.
5. Break circ between 5 1/2 x 8 5/8 circ cmt to surfs
6. Leave 100' cmt in 5 1/2 perfs, woc
7. Tag plug , set 10 sx cmt to surfs.

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

SIGNATURE Johnny Gabaldon TITLE Field Supervisor DATE 5-17-2000
TYPE OR PRINT NAME Johnny Gabaldon TELEPHONE NO. 505/748-147.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: