State of New Mexico
Ene._ 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.
30-025-29492

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

6. State Oil & Gas Lease No.
E-2426

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

Amerada State

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

2. Name of Operator
YATES PETROLEUM CORPORATION   (505) 748-1471

8. Well No.
1

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

9. Pool name or Wildcat
Saunders Permo Upper Penn

4. Well Location
Unit Letter __L__ : __1980__ Feet From The __South__ Line and __330__ Feet From The __West__ Line

Section __2__   Township __14S__   Range __33E__   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:

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: Change plans, well on production [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.

C-103 dated 12-22-90 work was not done. Cancel workover.
12-13-90. Well was swabbed.
12-17-90. Set pumping equipment. Turned well to production.

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

SIGNATURE _Juanita Goodlett_   TITLE Production Supervisor   DATE 1-30-91

TYPE OR PRINT NAME Juanita Goodlett   TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: