State of New Mexico

Form C-103 Submit 3 Copies Energy, minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 **OIL CONSERVATION DIVISION** DISTRICTI WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-34990 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATEX FEE DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. VA-1373 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Weil: GAS WELL X OIL. OTHER Indigo State Unit 8. Well No. 2. Name of Operator YATES PETROLEUM CORPORATION 9. Pool name or Wildcat 3. Address of Operator 105 South 4th St., Artesia, NM 88210 Wildcat Mississippian 4. Well Location 660 North 660 Feet From The Feet From The Line and Unit Letter _ hip 12S Range 35E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 12S 35E Lea County **NMPM** Section Township 4142' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Drill OTHER: 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. 5-10-2000 - Drilled 5' of new hole (12-1/4"). TD 20'. Shut down. NOTE: Notified Sylvia w/OCD-Hobbs via voice mail.

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I hereby certify that the information above to true and complete to the best of n	ny knowledge and belief.	
SIGNATURE Puster The	Operations Technician	DATE June 6, 2000
Pustu Vlada		TELEPHONE NO. 505/748-1471
TYPE OR PRINT NAME RUSLY KIEIII		
(This space for State Use)		

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -