

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

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL APIN NO.	
30-025-35285	
5. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
7. Lease Name or Unit Agreement Name	
VA-1431	
Chad AXA State	
8. Well No.	
1	
9. Pool Name or Wildcat	
Wildcat Mississippian	

(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.)

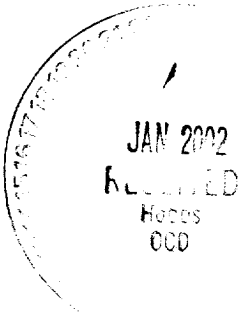
1. Type of Well:	
OIL <input type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	
Yates Petroleum Corporation	
3. Address of Operator	
105 South 4th., Artesia, NM 88210	
4. Well Location	
Unit Letter <u>L</u>	: <u>1580</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line
Section <u>36</u>	Township <u>T13S</u> Range <u>R34E</u> NMPM <u>Lea</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
4102' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <input type="checkbox"/>
	Drill <input type="checkbox"/>

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.

1-18-02-- TD 115'. Drilled 5' of new hole (12-1/4"). Notified Sylvia Dickey w/ Hobbs OCD via voice mail of operations.



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

SIGNATURE <u>Donna Clack</u>	TITLE <u>Operations Technician</u>	DATE <u>1/18/02</u>
TYPE OR PRINT NAME <u>Donna Clack</u>	TELEPHONE NO <u>505-748-1471</u>	

(This space for State Use)

APPROVED BY <u>Donna Clack</u>	TITLE <u>OPERATIONS ENGINEER</u>	DATE <u>JAN 28 2002</u>
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