

State of New Mexico
Energy, Minerals and Natural Resources Department

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. 30-025-35285
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 <input type="checkbox"/> WELL <input type="checkbox"/> 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <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.

12-29-01 - TD 110'. Made 5' of new hole (12-1/4"). Notified Sylvia Dicy w/ Hobbs OCD via voice mail.

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

SIGNATURE Donna Clack TITLE Operations Technician DATE 1/14/02
TYPE OR PRINT NAME Donna Clack TELEPHONE NO 505-748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 18 2002