

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. 30-025-35422
5. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
7. Lease Name or Unit Agreement Name Morton Unit
8. Well No. 3
9. Pool Name or Wildcat Morton Mississippian

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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator YATES PETROLEUM CORPORATION	
3. Address of Operator 105 South 4th Street, Artesia, NM 88210	
4. Well Location Unit Letter P : 800 Feet From The South Line and 660 Feet From The East Line Section 32 Township 14S Range 35E NMPM Lea COUNTY	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4176' 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"/>

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.

10-25-01 -- Cleaned location.
10-29-01 -- MIRU. ND BOP. TIH with bit & scraper. Shut well in & SD for night.

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

SIGNATURE <u><i>Donna Clack</i></u>	TITLE <u>Operations Technician</u>	DATE <u>5-Nov-01</u>
TYPE OR PRINT NAME <u>Donna Clack</u>	TELEPHONE NO. <u>505-748-1471</u>	
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY		