Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department DISTRICT I P.O. Box 1980, Hobbs NM 88240 WELL API NO. OIL CONSERVATION DIVISION DISTRICT II 30-025-35761 P.O. Box 2088 P.O. Drawer DD. Artesia NM 88210 Santa Fe. New Mexico 87504-2088 indicate Type of Lease DISTRICT III State X 1000 Rio Brazos Rd., Aztec NM 87410 FEE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" VO-5093 (FORM C-101) FOR SUCH PROPOSALS.) 1 Type of Well Mocha State Unit GAS OIL WELL X OTHER WELL 2. Name of Operator 8 Well No Yates Petroleum Corporation 9. Pool Name or Wildca Address of Operator 105 South 4th., Artesia, NM 88210 Wildcat Mississippian 4. Well Location North 1980 West 1100 Feet From The Feet From The Line and Line Unit Letter R34E Township T13S Range **NMPM** Lea COUNTY Section 10. Elevation (Show whether DF, RKB, RT, GR. etc.) 4102' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING Intermediate casing & cement OTHER 12. Describe Proposed or Completed Operations (Clearly state all pertient details, and give pertinenet dates, including estimated SEE RULE 1103. date of starting any proposed work)

4-10-02 - TD 12-1/4" hole @ 6:45 pm MST. Ran 96 jts 40# & 36# J-55 9-5/8" casing, set @ 4291'. Regular guide shoe set at 4286'. Float collar set at 4241'. Cemented with 1015 sx

Interfill "C" + 1/4#/sx flocele (yld 2.41, wt 11.9). Tailed in with 250 sx Premium Plus + 2% CaCl2 (yld 1.34, wt 14.8). Circulated 135 sx. Nippled up and tested to 5000 psi for 30 min.



Thereby certify that the information SIGNATURE	adove a true and complete to the best of my know	viedge and belief.	TITLE	Regulatory Compliance Tech	DATE	4/22/02
TYPE OR PRINT NAME	Stormi Davis				TELEPHONE	NO 505-748-147 1
(This space for State Use)		TITLE		DATE) o o coog
APPROVED BY CONDITIONS OF APPROVAL OF P	NY		P/	INAL SIGNED BY AUL F. KAUTZ DEFLIM CANDALITE		(