

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 30-025-35761
5. Indicate Type of Lease State <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
7. Lease Name or Unit Agreement Name VO-5093 Mocha State Unit
8. Well No.
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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Yates Petroleum Corporation
3. Address of Operator 105 South 4th., Artesia, NM 88210
4. Well Location Unit Letter C : 1100 Feet From The North Line and 1980 Feet From The West Line Section 2 Township T13S Range R34E NMPM Lea 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>Drill</u> <input type="checkbox"/>
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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.

3-8-02-- Drilled 5' of new hole (12-1/4"). TD = 35'. Notified Sylvia Dickey with Hobbs OCD of operations via voice mail.



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

SIGNATURE Donna Clack TITLE Operations Technician DATE 3/11/02

TYPE OR PRINT NAME Donna Clack TELEPHONE NO 505-748-1471

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY _____

MAR 19 2002

PETROLEUM ENGINEER