

Office

DISTRICT I

1625 N. French Dr., Hobbs NM 88240

DISTRICT II

1301 W. Grand Avenue, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, New Mexico 87504-2088

Form C-103

Revised March 25, 1999

WELL API NO. 30-025-35899
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		7. Lease Name or Unit Agreement Name Mamalotes BAM
2. Name of Operator Yates Petroleum Corporation		8. Well No. 1
3. Address of Operator 105 South 4th Str., Artesia, NM 88210		9. Pool Name or Wildcat Wildcat Mississippian
4. Well Location Unit Letter <u>P</u> : <u>825</u> feet from the <u>South</u> line and <u>1275</u> feet from the <u>East</u> line Section <u>36</u> Township <u>14S</u> Range <u>34E</u> NMPM County <u>Lea</u>		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4060' 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"/>	MULTIPLE COMPLETION <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>Set Liner</u> <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

11-25-02 TD 6-1/8" hole @ 10:30 a.m. Ran 86 jts 4-1/2" 11.6# P110 SB casing set @ 13630'. Cemented w/400 sx Super H Modified 13:1:65. Hanger sleeve set @ 9977.92'.

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

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 12/4/02

Type or print name Stormi Davis Telephone No. 505-748-1471

(This space for State use)

APPROVED BY _____ TITLE _____ DATE DEC 09 2002

Conditions of approval, if any:

CC FIELD REPRESENTATIVE II/STAFF MANAGER