State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-29818

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
LG-3345

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.)

7. Lease Name or Unit Agreement Name

Sanmal Queen Unit

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER   Injection Well

2. Name of Operator
YATES PETROLEUM CORPORATION

8. Well No.
8

3. Address of Operator
105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat
Sanmal Queen

4. Well Location

Unit Letter   O : 990   Feet From The   South   Line and   2310   Feet From The   East   Line

Section   1   Township   17S   Range   33E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4143.8' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]		REMEDIAL WORK [ ] ALTERING CASING [ ]	
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]		COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ]	
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		OTHER: Failed MIT; repair [X]	

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.

11-10-2000 - Moved in and rigged up pulling unit. Loaded casing. Pressured up to 450 psi. Bled off bradenhead in 1 minute. Recorded on chart. E. L. Gonzales w/OCD-Hobbs witnessed.

See attached chart for mechanical integrity test conducted on 11-9-2000.

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

SIGNATURE _____   TITLE Operations Technician   DATE Nov. 20, 2000

TYPE OR PRINT NAME Rusty Klein   TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCS

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

11-9-00
CSG TEST
mA

Cal/date
11-8-00
Spring
1800 #

SANMAL QUEEN UNIT #8

BR 2221