

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.	30-025-35867
5. Indicate Type of Lease	State <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-7984
7. Lease Name or Unit Agreement Name	TOWNSTAR ACS STATE
8. Well No	1
9. Pool Name or Wildcat	Wildcat Abo

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:	GAS	WELL <input checked="" type="checkbox"/> OTHER
OIL	<input type="checkbox"/>	
WELL	<input type="checkbox"/>	

2. Name of Operator	Yates Petroleum Corporation
---------------------	-----------------------------

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

4. Well Location	Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line
Section <u>18</u> Township <u>15S</u> Range <u>35E</u> NMPM	LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4041' 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 <input checked="" type="checkbox"/>	Perforating and Stimulation

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.

6-12-02 Perforated Atoka 11979-11995' w/102 .42" holes. Acidized w/1500 gals 7-1/2% Morrow acid w/1000 SCF N2/bbl.

6-17-02 Set 5-1/2" CIBP @ 11950' and cap w/35' cmt.

6-18-02 Perforated Strawn 11818-11830' w/52 .42" holes. Acidized w/2000 gals 20% IC HCL w/25 BS.

6-21-02 Set 5-1/2" CIBP @ 11780' and cap w/35' cmt.

6-24-02 Perforated Canyon 11194-11208' w/48 .42" holes. Spotted 5 bbls 20% IC HCL.

6-26-02 Set 5-1/2" CIBP @ 11150' and cap w/35' cmt. Perforated Cisco 10736-10765' w/104 .42" holes. Acidized w/2500 gals 20% IC/HCL w/1000 SCF/bbl N2 w/50 BS.

7-8-02 Perforated Abo 9656-9692' w/168 .42" holes. Set RBP @ 10680'. Acidized w/2500 gals 20% NEFE acid and 80 BS.

7-17-02 Released RBP @ 10680'.

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

SIGNATURE Stormi Davis
TYPE OR PRINT NAME Stormi Davis

TITLE Regulatory Compliance Tech DATE 8/28/02
TELEPHONE NO. 505-748-1471

(This space for State Use)

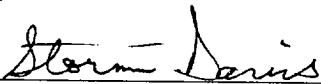
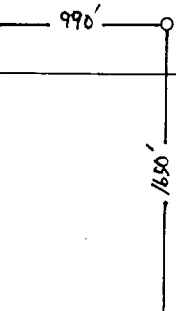
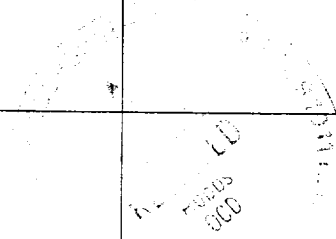
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

SEP 03 2002

16				<div>17 OPERATOR CERTIFICATION</div> <div>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</div> <div>Signature </div> <div>Printed Name Stormi Davis</div> <div>Title Regulatory Compliance Technician</div> <div>Date August 28, 2002</div>
	E-7984			<div>18 SURVEYOR CERTIFICATION</div> <div>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</div> <div>Date of Survey</div> <div>Signature and Seal of Professional Surveyor:</div> <div>See Original Plat</div> <div>Certificate Number</div>