Submit 3 Copies
to Appropriate
District Office

Santa Fe			
File			
BLM			
Land Office			
B of M			
Operator			

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.
30-025-29332

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

6. State Oil & Gas Lease No.
V-1129

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

Maduro State Com

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

2. Name of Operator
YATES ENERGY CORPORATION

8. Well No.
1

3. Address of Operator
P. O. Box 2323, Roswell, NM 88202-2323

9. Pool name or Wildcat
Gem-Morrow Gas

4. Well Location

Unit Letter __L__ : __1980__ Feet From The __South__ Line and __660__ Feet From The __West__ Line

Section __16__   Township __19S__   Range __33E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3645' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]

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.

Acidize perforations 13,016' – 13,026' (Atoka) Morrow w/500 gals. 7 1/2% HCL, FENE acid. Flow well to clean up. Resume production into low pressure gas pipeline.

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

SIGNATURE _Sharon R. Hamilton_   TITLE __Landman__   DATE __2/20/01__

TYPE OR PRINT NAME   Sharon R. Hamilton

TELEPHONE NO. 505/ 623-4935

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: