State of New Mexico

Enc      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. |
|---|
| 30-025-33692 |

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

6. State Oil & Gas Lease No.
VA-588

## 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

Treat State Unit

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

2. Name of Operator
YATES PETROLEUM CORPORATION

8. Well No.
1

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

9. Pool name or Wildcat
Wildcat Morrow

4. Well Location

Unit Letter __B__ : __660__ Feet From The __North__ Line and __1980__ Feet From The __East__ Line

Section __34__    Township __21S__    Range __35E__    NMPM    __Lea__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3580' GR

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

### NOTICE OF INTENTION TO:

| | | | |
|---|---|---|---|
| PERFORM REMEDIAL WORK [ ] | 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: __Drill__ | [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.

2-18-97 - Drilled from 25' to 30'. Made 5' of new hole (12-1/4"). NOTE: Notified Bonnie w/OCD-Hobbs.

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

SIGNATURE _Rusty Klein_    TITLE Operations Technician    DATE Feb. 19, 1997

TYPE OR PRINT NAME  Rusty Klein

TELEPHONE NO. 505/748-1471

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____    TITLE _____    DATE _____

CONDITIONS OF APPROVAL, IF ANY: