| Submit 3 Copies<br>to Appropriate<br>District Office  | State of New Mexico<br>Encoy, Minerals and Natural Resources Department       |                             | Form C-103<br>Revised 1-1-89                 |  |
|---|---|-----------------------------|--|--|
| <u>DISTRICT I</u><br>P.O. Box 1980, Hobba, NM 88240   | OIL CONSERVATION DIVISION<br>P.O. Box 2088<br>Santa Fe, New Mexico 87504-2088 |                             | WELL API NO.<br>30-025-33354                 |  |
| <u>DISTRICT II</u><br>P.O. Drawer DD, Artesia, NM 88210   |   |                             | 5. Indicate Type of Lease<br>STATE STATE FEE |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410  | RICT III<br>Rio Brazos Rd., Aziec, NM 87410                                   |                             | 6. State Oil & Gas Lesse No.<br>V-3652       |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>(FORM C-101) FOR SUCH PROPOSALS.) |   |                             | 7. Lease Name or Unit Agreement Name         |  |
| 1. Type of Well:<br>OL GAS<br>WELL X WELL   | OTHER   |                             | April APZ State                              |  |
| 2. Name of Operator<br>YATES PETROLEUM CORPORATION  |   |                             | 8. Well Na.<br>1                             |  |
| 3. Address of Operator<br>105 South 4th St., Artesia, NM 88210  |   |                             | 9. Pool name or Wildcat<br>Wildcat Delaware  |  |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>33</u>  | ) Feet From The North   |                             | ) Feet From TheEast Line                     |  |
| Section 12  | Township 23S Range<br>10. Elevation (Show whether DF,<br>3729' GR             | 32E N<br>RKB, RT, GR, etc.) | NMPM Lea County                              |  |
| II. Check<br>NOTICE OF IN   | Appropriate Box to Indicate Nat   | ure of Notice, Re<br>SUB    | eport, or Other Data<br>SEQUENT REPORT OF:   |  |
|   |   | EMEDIAL WORK                |  |  |
|   |   |                             |  |  |
| PULL OR ALTER CASING  |   | ASING TEST AND CE           |  |  |
| OTHER:  |   | ·····                       | in Delaware 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.

12-18-96 - Flowed well down. Released packer. TOOH with packer and tubing. TIH with tubing. Tagged sand at 7300'. Washed 105' of sand. TOOH with tubing. Released well to production department.

| <u>_</u>  |                       |                            |
|---|-----------------------|----------------------------|
| I hereby certify that the information above is true and complete to the best of my knowledg | s and belief.         |                            |
| SKINATURE Kuster Klein  | Operations Technician | DATE Dec. 20, 1996         |
| TYPE OR PRINT NAME RUSTY Klein  | ·                     | TELEPHONE NO. 505/748-1471 |
| (This space for State Use)  |                       |                            |
| APTROVED BY   | - TITLE               | DATE                       |
| CONDITIONS OF APPROVAL, IF ANY:   |                       |                            |