Copies To Appropriate District	State of New Mexico	Form C-103
arict I	Energy, Minerals and Natural Resources	Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-005-63602
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Dease Ivalle of Olit rigidement Ivalie
DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	TION FOR PERMIT" (FORM C-101) FOR SUCH	Summers Com
1. Type of Well:		8. Well Number
Oil Well Gas Well X	Other	
2. Name of Operator	RECEIVED	9. OGRID Number
Yates Petroleum Corporation	HIN 0 2 2004	025575 10. Pool name or Wildcat
3. Address of Operator 105 S. 4 th Street, Artesia, NM 8	·	Wildcat Chester
4. Well Location	9EB ARIESIA	The state of the s
11-41-44-1 1 100) foot from the Couth line and	990 feet from the East line
Unit Letter I : 198	feet from the South line and	feet from the East line
Section 26	Township 9S Range 24E	NMPM Chaves County
	4 F1 (Cl 1 D.	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566'GR		
12. Check Ap	propriate Box to Indicate Nature of Notice	Report or Other Data
NOTICE OF INT		SSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON []	CHANGE PLANS COMMENCE DE	RILLING OPNS. PLUG AND
PULL OR ALTER CASING	MULTIPLE CASING TEST A	ABANDONMENT
	COMPLETION CEMENT JOB	
OTHER:	OTHER: Produc	ction casing X
13. Describe proposed or complete	ed operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	
or recompletion.		
5/22/04 - Peached TD 4835' at 1:00 A	M. Set 4-1/2" 11.6# L-80 8rd casing at 4835'. Cer	mented Stage 1 with 600 av Bases Valley Lite
	si for 5 mins. Circulated 75 sx. Cemented Stage 2	
	at. Tested casing to 2600 psi for 5 mins. Cement c	
I hereby certify that the information abo	ove is true and complete to the best of my knowled	ge and helief
Thereby certify that the information ap-	by is true and complete to the best of my knowled	ge and benef.
SIGNATURE:	TITLE: Regulatory Compliance	Supervisor DATE: June 1, 2004
)		
Type or print name Tina Huerta	E-mail address: tinah@ypcn	m.com Telephone No. <u>505-748-1471</u>
(This space for State use)		
(FOR RECORDS ONLY	JUN 0 3 2004
APPPROVED BY	TITLE	DATE
Conditions of approval, if any:		