Culturals 2 Coming To Assessments Digitales	Control No.	F C 102
Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-005-63552
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	
1220 S. St. Francis Dr., Santa Fe, NM	,	6. State Oil & Gas Lease No.
87505	CEG AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name: Quicksilver BBC State Com
Oil Well Gas Well X	Other X-2	
2. Name of Operator	ration 4 POR 2	8. Well No.
Yates Petroleum Corpor	ration 4 OB 3	
3. Address of Operator		9. Pool name or Wildcat
105 S. 4th Street Artesi	ia, NM 88210	Wildcat Precambrian
4. Well Location	39/	
	37304875	
Unit Letter E: 19	80 feet from the North line and 660	feet from the <u>West</u> line
	T 1: 100 T 0/F	
Section 26		IPM Chaves County
Company of the Compan	10. Elevation (Show whether DR, RKB, RT, GR, et	c.)
	3724'GR	
	ppropriate Box to Indicate Nature of Notice,	
NOTICE OF IN	FENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE CASING TEST AND CEMENT JOB	ND
OTUED.		
OTHER:	OTHER: Product	-
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.		
8/28/03 – Reached TD 6340' at 12:00 PM. 8/29/03 – Set 4-1/2" 11.6# casing at 6340'. Cemented with 580 sx PVL with additives.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Time Huer To. TITLE Regulatory Compliance Supervisor DATE September 16, 2003		
Type or print name Ting L. Hue	erta	Telephone No. 505-748-1471
(This space for State use)		1 cicphone 140. 000-740-147 1
(11110 space for State use)	FOR RECORDS ONLY	SEP 1 8 200
APPPROVED BY	TITI F	DATE 10 ZUG

APPPROVED BY Conditions of approval, if any: