Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources			MELL ADV	Form C-103 Revised June 10, 2003		
1625 N. French Dr., Hobbs, NM 88240  District II  1301 W. Grand Ave., Artesia, NM 88210  District III  1000 Rio Brazos Rd., Aztec, NM 87410  District IV  1220 S. St. Francis Dr., Santa Fe, NM  87505	RVATION DIVISION of the St. Francis Dr. Fe, NM 87505		5. Indicate STA	WELL API NO. 30-005-63619  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No.			
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)  1. Type of Well:	EEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Pinwheel BDP State 8. Well Number			
Oil Well Gas Well X  2. Name of Operator	NOV 2 4 2003		9. OGRID	9. OGRID Number			
Yates Petroleum Corporation  3. Address of Operator  105 S. 4 <sup>th</sup> Street, Artesia, NM 8	OCD-ARTESIA		10. Pool na	025575  10. Pool name or Wildcat Undesignated Precambrian			
4. Well Location							
Unit Letter F : 198	60 feet from the	North	line and	1980 feet f	from the Wes	st line	
Section 36	Township	8S Ra	nge 25E	NMPM	Chaves Count	ty	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3594'GR							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INT PERFORM REMEDIAL WORK	ENTION TO: PLUG AND ABANDO	N 🗌	SU REMEDIAL WO		REPORT OF ALTERING		
TEMPORARILY ABANDON			COMMENCE	RILLING OPNS	RILLING OPNS. PLUG AND ABANDONMENT		
	MULTIPLE COMPLETION		CASING TEST CEMENT JOB	AND	ABANDONIV	IEN I	
OTHER:			OTHER: 5' ne	w hole		$\overline{\mathbf{x}}$	
13. 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 recompletion.							
11/19/03 - TD 15'. Made 5' new hole at 11:30 AM. Hole size 12-1/4".							
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE:	unta	TITLE: <u>Re</u>	gulatory Compli	ance Supervisor	DATE: Noven	nber 20, 2003	
Type or print name Tina Huerta		E-mail ac	ddress: tinah@y	pcnm.com	Telephone No.	505-748-1471	
(This space for State use)					,	/	
APPPROVED BY Accepted Conditions of approval, if any:	for record - NMOC	_TITLE D			DATE///	14/03	