Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003 WELL API NO.		
District II				30-005-63618	
1301 W. Grand Ave., Artesia, NM 88210 District III	1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410			STATE	X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & G	as Lease No.	
87505				VO-5649	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of	or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Quiniela AXQ State		
PROPOSALS.) 1. Type of Well:			8. Well Number		
Oil Well Gas Well X Other			3		
2. Name of Operator Votes Petroleum Corporation RECEIVED		RECEIVED	9. OGRID Num		
2 Address of Operator			025575 10. Pool name or Wildcat		
105 S. 4 th Street, Artesia, NM 88210		Wildcat Precambrian			
4. Well Location OCD-ARTESIA					
Unit Letter A : 660	feet from the N	orth line and	990 feet from	the East line	
Section 5	Township 10S	Range 26E	NMPM Cha	ives County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3770'GR					
12. Check Ap	propriate Box to Indica	te Nature of Notice,	Report or Other	r Data	
NOTICE OF INT			SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOF	K	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
	MULTIPLE []	CASING TEST A	ND	A DAME OF THE PARTY OF THE PART	
	COM LETION				
OTHER:		OTHER: Produc		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.					
2/22/04 Reached TD 6110' at 3:15 PM					
2/23/04 – Set 5-1/2" 15.5# casing at 61	10'. Cemented with 420 sx	Pecos Valley Lite with	additives.		
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	to a succession of the success	· .		e in the covered by t	
	produktion (Tr	K. M. J. S. (1997)			
I hereby certify that the information ab	ove is true and complete to	he best of my knowledg	ge and belief.		
SIGNATURE:	menta TITLE	: Regulatory Compliar	ce Supervisor	DATE: February 27, 2004	
Type or print name Tina Huerta	F _e n	nail address: tinah@ypo	nm.com Te	elephone No. 505-748-1471	
(This space for State use)	D-11	The state of the s			
•	I PERAPPA ALMAS	r.		MAR 0 7 2004	
APPPROVED BY Conditions of approval, if any:	RECORDS ONLY	Ľ		DATE	