

Submit 3 copies to Appropriate District Office
DISTRICT I
 1625 N. French Dr., Hobbs NM 88240
DISTRICT II
 1301 W. Grand Avenue, Artesia NM 88210
DISTRICT III
 1000 Rio Brazos Rd., Aztec NM 87410
DISTRICT IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, New Mexico 87504-2088

Form C-103
 Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-36005 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. V-2443 7. Lease Name or Unit Agreement Name Lotus ALT State
2. Name of Operator Yates Petroleum Corporation		8. Well No. 3
3. Address of Operator 105 South 4th Str., Artesia, NM 88210		9. Pool Name or Wildcat SE Livingston Ridge Delaware
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>32</u> Township <u>22S</u> Range <u>32E</u> NMPM County <u>Lea</u>		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3552' GR		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Intermediate Casing</u> <input checked="" type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

11-14-02 TD 11" hole @ 6:00 p.m. @ 4518'. Ran 8-5/8" 32# casing set @ 4518'. Cemented w/1000 sx Interfill C. Tailed in w/250 sx Premium Plus + additives. Cement circulated. WOC. Reduced hole to 7-7/8" and resumed drilling.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
 SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 11/19/02
 Type or print name Stormi Davis Telephone No. 505-748-1471
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE NOV 25 2002
 Conditions of approval, if any: **ORIGINAL SIGNED BY GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER**