Sulprit 3 Copies To Appropriate Office	: District	State	of New Me	xico			Form C-1	03	
District I	882 TO 60 1	nergy, Miner		ral Resources	WELL API		Revised June 10, 20	)03	
1625 N. French Dr., Hobbs, NM District II		OIL CONSE		DIVISION	<u> </u>	30-019-20			
District III 2 \$220 South St. Francis Dr.						5. Indicate Type of Lease			
Santa He NIM X/505						STATE FEE X  6. State Oil & Gas Lease No.			
District IV 1220 S. St. Francis Dr., Santa Fe	NMOIL CO	(SERVATIO	<b>N</b>		0. State On	Ce Cas Leas	L 110.		
8/303	D.	VISION			<u> </u>				
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 or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						Laverne Ibi	s BDV		
1. Type of Well:						8. Well Number			
Oil Well Gas Well X Other									
2. Name of Operator Yates Petroleum Corporation						9. OGRID Number 025575			
3. Address of Operator						10. Pool name or Wildcat			
105 S. 4th Street, Artesia, NM 88210						Undesignated Precambrian			
4. Well Location					""				
								}	
Unit Letter P	: 990	feet from the	South	line and	660 feet f	iom the	East lin	ie	
Section	24	Township	10N Rai	nge <u>26E</u>	NMPM(	Guadalupe	County	İ	
	11.	Elevation (Show		RKB, RT, GR, e	tc.)				
12	Check Appro	nriate Boy to	4437' Indicate N	GR ature of Notic	e Report or C	other Data		802.0	
	OF INTEN		пішсаке іч	<b>.</b>	BSEQUENT		T OF		
PERFORM REMEDIAL W		G AND ABANDO	ОИ 🗌	REMEDIAL WO		and the same of th	RING CASING [	$\supset$	
TEMPORARILY ABANDON					RILLING OPNS	RILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	·	TIPLE MPLETION		CASING TEST CEMENT JOB	AND				
OTHER:				OTHER: Name	Change		Γx		
13. Describe proposed of starting any pro or recompletion.							uding estimated	date	
Former Wellname: Lavern	e BDV #1		_		1 1	1 -4			
Oliki "Chianc. Lavein	(C DD V #1			Troper	X, Coo	le 🖛	33304	/	
New Wellname: Laverne I	bis BDV #1			, , ,	,	-			
hereby certify that the infe	ormation above	is true and comp	olete to the be	est of my knowle	dge and belief.		<del></del>		
SIGNATURE 1	· hu	tas	_TITLE:_Re	gulatory Complia	ince Supervisor	DATE	E: <u>Jamuary 9, 200</u>	<u>)4</u>	
) Type or print name Ting	Huerta		E-mail ac	ldress: tinah@yı	cnm.com	Telephone	e No. 505-748-1	471	
(This space for State use)	151	1/					/ /	<u> </u>	
APPPROVED BY	3/1	Ku-	_TITLE_D	STRICT S	UPERVISO	OR DATE	1/16/04	-	
Conditions of approval, if a	nty: //						, .		