Submit 3 Copies To Appropriate District Office District I	State of New Energy, Minerals and N		Form C-103 Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240 District II	= · · · · · · · · · · · · · · · · · · ·		WELL API NO. 30-005-63619
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM	1 8 / 5 0 5	6. State Oil & Gas Lease No.
87505			
	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		Pinwheel BDP State	
PROPOSALS.)		8. Well Number	
1. Type of Well: Oil Well Gas Well X	Other		1
2. Name of Operator	Other	RECEIVED	9. OGRID Number
Yates Petroleum Corporation		APR 2 8 2004	9. OGRID Number 025575
3. Address of Operator			10. Pool name or Wildcat
105 S. 4 th Street, Artesia, NM	88210	EB-ARTESIA	Undesignated Precambrian
4. Well Location			
Unit Letter F : 198	30 feet from the No	rth line and	1980 feet from the West line
Section36	Township 8S	Range 25E	_ NMPMChaves County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3594'GR			
	propriate Box to Indicate		
NOTICE OF INT			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DE	RILLING OPNS. PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND
OTHER:	П	OTHER: 5' new	hole
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.			
4/23/04 - TD 55' Made 5' new hole:	at 7:00 AM Hole size 12-1/4	,,	
4/23/04 – TD 55'. Made 5' new hole at 7:00 AM. Hole size 12-1/4".			
I hereby certify that the information at	ove is true and complete to th	e best of my knowled	ge and belief.
		-	
I hereby certify that the information at SIGNATURE:		e best of my knowled Regulatory Complian	
	urta) TITLE:	Regulatory Complian	nce Supervisor DATE: April 26, 2004
SIGNATURE:	urta) TITLE:	-	nce Supervisor DATE: April 26, 2004 Cnm.com Telephone No. 505-748-1471
SIGNATURE:	urta) TITLE:	Regulatory Compliantial address: tinah@yp	nce Supervisor DATE: April 26, 2004