Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240				WELL API NO.			
2040 Pacheco St.				30-015-33733			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	NM 8750:	5	5. Indicate Ty	rpe of Lease STATE X	FEE 🗌	
DISTRICT III				6. State Oil &	Gas Lease No.		
1000 Rio Brazos Rd., Aztec, NM 87410				VO-2097			
SUNDRY NOTICES AND REPORTS ON WELLS							
(DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)				7. Lease Nam Clayton BFO	e or Unit Agreement Na State Com.	me	
1. Type of Well:		F	RECEIVED				
OIL GAS WELL X	OTHER		JUL 1 4 2005				
2. Name of Operator			,	8. Well No.			_
Yates Petroleum Corporation				1			
3. Address of Operator			-	9. Pool name	or Wildcat		
105 S. 4th Street, Artesia, NM 8	8210			Chester			
4. Well Location			,				
Unit Letter I : 1	,980 Feet From The	South	Line and	660	Feet From The	East Lin	ne
Section 16 7	Cownship 19S R	ange 26E		NMPM		Eddy Count	ty
	10. Elevation (S	Show wheth	er DF, RKB, RT, GI 3,354'	R, etc.)			
Check	Appropriate Box to	o Indica	te Nature of N	otice, Repor	t, or Other Data	**	
II. NOTICE OF IN	ITENTION TO:			SUBSEQU	ENT REPORT O	OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	<	ALTERING CAS	ING	
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DRIL	LING OPNS.	PLUG AND ABA	NDONMENT	
PULL OR ALTER CASING			CASING TEST AN	ID CEMENT JOE	3		
OTHER:			OTHER:				
Describe Proposed or Completed Operation work) SEE RULE 1103. Yates Petroleum Corporation res	,			,	, ,, ,		
	processes, requeess presses		u.e 10110 11 m.g (manges to the r	ii b for this wen.		
It is requested that the 9 5/8" into	rmediate casing be set @	2) 1700' on	ly if lost circulatio	n is encountere	ed.		
If 9 5/8" intermediate casing is no	ot set, production cemen	t will be ti	ed back to surface	casing.			
Thanks,							
I hereby certify that the information a	bove is true and complete to th	e best of my					
SIGNATURE La como	> // lirl Xe	1-	TITLE Drill	ling Engineer A	ASST. DATE	07/13/05	
TYPE OR PRINT NAME Jere	miah Mullen				TELEPHONE NO.	(505)-748-4378	
(This space for State Use)	mW. Se		•			IUL 1 4 2005	