Submit 3 Copies To Appropriate District	State of New	w Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVAT		30-015-33938 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOT	ICES AND REPORTS ON W	ELLS	7. Lease Name or Unit Agreement Name
(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			Louise AYI
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number
		RECEIVED	2
2. Name of Operator Yates Petroleum Corporat	on	NOV 0 7 2005	9. OGRID Number 025575
3. Address of Operator			10. Pool name or Wildcat
105 S. 4 th Street, Artesia,	NM 88210	OCD-ARTEON	Undes. Happy Valley Strawn, Northeast
4. Well Location Unit Letter B:	990 feet from the	North line and	1550 feet from the East line
Section 25	Township 21S	Range 26E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3167'GR Pit or Below-grade Tank Application □ or Closure □			
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil			onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	ITENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	- I	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS [MULTIPLE COMPL [
FULL ON ALTEN CASING	MOLTIFEE COMPL [J CASING/CEMEN	1 JOB []
OTHER:		OTHER: Plugba	ck and perforate Strawn and stimulate
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.			
10/01/05 C			
10/21/05 – Set composite BP at 10,400'. Perforate Strawn 10,156'-10,170' with 15 holes. 10/26/05 – Acidize Strawn with 1500g 15% IC acid.			
10/20/03 Relative Stawn with 1500g 15/010 dold.			
			333
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE TITLE Regulatory Compliance Supervisor DATE November 3, 2005			
Type or print name Tina Huer	ta E-mail add	ress: <u>tinah@ypcnm.co</u>	om Telephone No505-748-1471
For State Use Only FOR	RECORDS ONLY		NOV 072005
APPROVED BY: Conditions of Approval (if any):	TIT	LE	DATE
Conditions of Approval (if ally).			