Colonia 2 Conine To Annual District	a	•		
Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1825 N. French Dr., Hobbs, NM 88240	·		WELL API NO.	
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-005-61804	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	2 332300 2 3, 2 32.2 3		6. State Oil & G	as Lease No.
87505			LG-9050	
	ICES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name:
	OSALS TO DRILL OR TO DEEPEN OR PL CATION FOR PERMIT" (FORM C-101) FO			
PROPOSALS.)	CATION TORTERIM (TORM C-100)	Mr. 30CH o S	Aikman BDK S	tate Com
1. Type of Well:		A		
Oil Well Gas Well	X Other \(\sqrt{\infty} \sqrt{\infty}	Cana		
2. Name of Operator	(6)	2000	8. Well No.	
Yates Petroleum Corpo	oration \\ <u>\frac{\cappa}{2}</u>		l	
3. Address of Operator	NM 88210	CD - ARTESIA	9. Pool name or	Wildcat
105 S. 4th Street Artesia,	NM 88210 \\screen.co.	-10/	Wildcat Siluria	n l
4. Well Location	120	199/		
	62	21110168199		
Unit Letter P : 6	660 feet from the South		feet from the EC	st line

Section 36	Township 6S Range	26E NMP	м Chaves	County
	10. Elevation (Show whether D.	R, RKB, RT, GR, etc	:.)	
	3847			
11 Check	Appropriate Box to Indicate N		Report or Other	Data
	NTENTION TO:		SEQUENT REI	
		300.	OLGOLINI INLI	ALTERING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	·	CASING
]	0011151105 001		PLUG AND
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	D	
PULL OR ALTER CASING	COMPLETION	CEMENT JOB		
				
OTHER:		OTHER: Completi		X
	operations. (Clearly state all pertine			
	RULE 1103. For Multiple Comple	tions: Attach wellbe	ore diagram of prop	osed completion or
recompilation.				
10 (17 (20) - 70 0 1700) ODL - D F L C'I				
10/16/03 - TOC 1780' CBL. Perforate Silurian 6070'-6090' with 80 holes.				
10/20/03 – Acidize Silurian with 1000g 20% IC HCL acid.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Λ'. Ι	<u>_</u>			
SIGNATURE	TITLE Regulatory	Compliance Su	<u>pervisor</u> DATE_	<u>October 23, 2003</u>
· · · · · · · · · · · · · · · · · · ·				
Type or print name Tind L. Hu	епа		Telephone N	No. 505-748-1471
(This space for State use) / OR	GINAL SIGNER BY			AR
V/OV DIS	ginal signed by tim w. Gu Trict II supervisor <u>Title</u>	M		OCT 2 9 2003
APPPROVED BY Conditions of approval, if any:	TITLE_			_DATE
conditions of approxial if any				