Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 811 South First Artesia NM 88210 OIL CONSERVATION DIVISION	30-015-32675
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Sonta Fe NIM 87505	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	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	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Refuge BCR State
PROPOSALS.) 1. Type of Well:	Keloge bek state
Oil Well Gas Well X Other	
2. Name of Operator	8. Well No.
Yates Petroleum Corporation RECEIVED	1
3. Address of Operator DEC - 9 2003	9. Pool name or Wildcat
105 S. 4 th Street Artesia, NM 88210	Undesignated Riverside Morrow
OCD-ARTESIA	
4. Well Location	
Unit Letter O: 660 feet from the South line and 1330 feet from the East line	
	PM Eddy County
10. Elevation (Show whether DR, RKB, RT, GR, et	
3310'GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	PLUG AND
PULL OR ALTER CASING MULTIPLE CASING TEST A	
COMPLETION CEMENT JOB	
OTHER: OTHER: 5' new I	nole
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 recompilation.	
recompliation.	
12/4/03 - TD 75'. Made 5' new hole at 6:00 PM. Hole size 12-1/4".	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE June Huerta TITLE Regulatory Compliance Supervisor DATE December 5, 2003	
Type or print name Tina L. Huerta	Telephone No. 505-748-1471
(This space for State use)	
EAD DECADOS ANNS	DEC 1 1 2000
APPPROVED BY Conditions of approval, if any:	DATEDATE