

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-28657
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Shipp ZI
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Lovington; Paddock

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 S. 4th Street, Artesia, NM 88210

4. Well Location
 Unit Letter C : 660 feet from the North line and 2310 feet from the West line
 Section 27 Township 16S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3783.6' GR

Pit or Below-grade Tank Application or Closure

Pit type Steel Depth to Groundwater 85' Distance from nearest fresh water well N/A Distance from nearest surface water N/A

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P & A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

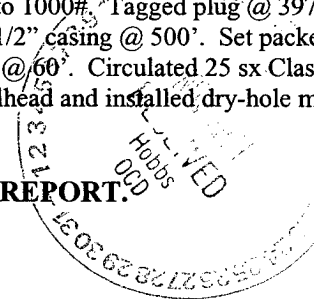
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Approved as to plugging of the Well Bore.
 Liability under bond is retained until
 surface restoration is completed.

11-5-04 to 11-12-04

TIH w/5-1/2" CIBP. Stopped @ 4020'. Could not get down. POOH w/CIBP. Possible casing parted @ 4020'. Worked tubing inside parted casing. RIH to 4949'. Spotted 25 sx Class C Neat @ 4949'. WOC. Tagged plug @ 4715'. Circulated hole w/mud-laden fluid. Perforated 5-1/2" casing @ 4375'. Squeezed w/100 sx Class C Neat. WOC. Pressure tested to 1000#. Tagged plug @ 3976'. Set packer @ 1986'. Squeezed 50 sx Class C Neat. WOC. Tagged plug @ 2177'. Perforated 5-1/2" casing @ 500'. Set packer @ 197'. Squeezed w/50 sx Class C Neat. WOC 4 hrs. Tagged plug @ 397'. Perforated 5-1/2" casing @ 60'. Circulated 25 sx Class C Neat down 5-1/2" casing and up to surface of 8-5/8". WOC 2 hrs. Cement @ surface. Cut off wellhead and installed dry-hole marker.

WELL IS PLUGGED AND ABANDONED. FINAL REPORT.



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 Stormi Davis TITLE Regulatory Compliance Technician DATE 11-15-04

Type or print name Stormi Davis E-mail address: _____ Telephone No. 505-748-1471

For State Use Only

APPROVED BY: [Signature] TITLE FIELD REPRESENTATIVE II/STAFF MAN DATE NOV 22 2004
 Conditions of Approval (if any): _____