Submit 3 copies to Appropriate District Office	State of N	State of New Mexico	
DISTRICT !	Energy, Minerals ar	Energy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs NM 88240 DISTRICT II			
1301 W. Grand Avenue, Artesia NM		OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	
DISTRICT III  1000 Rio Brazos Rd., Aztec NM 8741		Mexico 87504-2088	5. Indicate Type of Lease  STATE X FEE
DISTRICT IV	Santa i e, ivew iv		5. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	87505		V-5303
	SUNDRY NOTICES AND REPORTS O		7. Lease Name or Unit Agreement Name
	OR PROPOSALS TO DRILL OR TO DEEPEN ( SE " APPLICATION FOR PERMIT" (FORM C-10		
PROPOSALS.)	SE AT EIGHTON ON ENWIN (FORWOOD	71)1 01(00011	
1. Type of Well:			Twain BCW State
Oil Well Gas \	Well X Other		
2. Name of Operator			B. Well No.
Yates Petroleum Corporation			1
3. Address of Operator			9. Pool Name or Wildcat
	105 South 4th Str., Artesia, N	101 00210	Wildcat S113411J; Miss (Gas)
4. Well Location	760 factor the North	line and 660	feet from the West line
Unit Letter D	760 feet from the North	line and660	leet from the mile
Section 12	Township 11S Range	34E NMPM	County Lea
	10. Elevation (Show whether DF, RKB	, RT, GR, etc.)	TO THE PARTY OF TH
4. 性質性性 1. 10 10 10 10 10 10 10 10 10 10 10 10 10	4133' GR	2007	
11. Check Appropriat	te Box to Indicate Nature of Notice		
NOTICE	OF INTENTION TO:	SUBSEQUENT F	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE	CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING	COMPLETION		
OTHER:		OTHER: Production	Casing
12. 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.			
			12590'. Cemented w/1600 sx
35:65 POZ w/additives. Tailed in w/1300 sx Super C Modified w/additives. TOC calculated to approximately			
3700'.			AG17 18 19 20 37 3
		·	S. S
			(8)
			E 62' 33'
			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
			18 1 2
Thereby certify that the in	formation above a true and complete to the		
SIGNATURE	orma Dougs TITLE	Regulatory Compliance Techni	cian DATE 11/3/03
Type or print name	Stormi Davis		Telephone No. 505-748-1471
(This space for State use)	. 1		
APPROVED BY	buy (wink TITLE		MANAGER DATE NOV 1 0 2003
Conditions of approval, if any:		ELD REPRESENTATIVE II/STAFF A	MINACON TO TOUS
approver, it dry	· / 1		