Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources		Revised June 10, 2003 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-037-20081
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87303		6. State Oil & Gas Lease No.
87505			LH-5433
SUNDRY NOTICES AND REPORTS ON WELLS			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			Caree Ibis BDL State
PROPOSALS.)			8. Well Number
1. Type of Well:			1
Oil Well Gas Well X Other 2. Name of Operator			9. OGRID Number
Yates Petroleum Corporation			025575
3. Address of Operator			10. Pool name or Wildcat
105 S. 4 th Street, Artesia, NM 88210			Wildcat Precambrian
4. Well Location			
}			
Unit Letter A: 660 feet from the North line and 660 feet from the East line			
Section 26 Township 9N Range 28E NMPM Quay County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4411'GR			
12. 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 WORK ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND	
PULL OR ALTER CASING	MULTIPLE	ABANDONMENT CASING TEST AND	
TOLE ON ALTER CAOMS	COMPLETION	CEMENT JOB	
OTHER:	П	OTHER: Name	Change $\overline{(X)}$
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.			
Former Wellname: Carce BDL State #1			
New Wellname: Caree Ibis BDL State #1 Troperty Code 333305			
New Wellname: Caree Ibis BDL State #1			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE:	menta TITLE: Regu	latory Compliance	Supervisor DATE: January 9, 2004
Type or print name Ting Huerta	F-mail:	iddress: tinah@sm	enm.com Telephone No. 505-748-1471
Type or print name Ting Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471 (This space for State use)			
A IN TOUR PLANT CLIDEDIASOD			
Conditions of approval, if any:			