Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		March 4, 2004
1625 N. French Dr., Hobbs, NM 88240	French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVAT	ION DIVISION	30-005-63647
<u>District III</u>	out W. Gland Ave., Artesia, Inivi 66216		5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NI		STATE X FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Sunta 1 0, 141	1 07505	6. State Oil & Gas Lease No.
87505			L-02/4
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			7. Lease Name or Unit Agreement Name Dee OQ State
PROPOSALS.)	ATION FOR PERMIT (FORM C-1	or) FOR SUCH	8. Well Number
1. Type of Well:	_		7
Oil Well Gas Well X	Other	RECEIVED	
2. Name of Operator		IIIN 1 C 2004	9. OGRID Number
Yates Petroleum Corporation		JUN 1 6 2004	025575
3. Address of Operator	Th # 00010	999:ARTESIA	10. Pool name or Wildcat
105 South Fourth Street, Artesia, I	NM 88210		Wildcat PreCambrian
4. Well Location Unit Letter E: 1980 feet from the North line and 990 feet from the West line			
Section 32	Township 5S	Range 25E	NMPM Chaves County
Section 32	11. Elevation (Show whether		
3791'GR			
Pit or Below-grade Tank Application (Fo	r pit or below-grade tank closures, a	form C-144 must be attache	d)
Pit Location: UL Sect Two	Rng Pit type	Depth to Groundwater	Distance from nearest fresh water well
Distance from nearest surface water			į.
	feet from theline		7
ieet from theine and _	leet from theine		ļ
NOTICE OF IN	PLUG AND ABANDON	SUB REMEDIAL WOR	SEQUENT REPORT OF:  K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI CEMENT JOB	
OTHER:		OTHER: Spud	X
	lated energtions (Clearly stat		
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.			
C(12/04 Counties a month of 0.20 ANA	C-+ 1 1 402 - 5202	3	
6/12/04 – Spudded well at 9:30 AM	. Set and cemented 40 of 20	conductor.	
			No.
I hereby certify that the information	above is true and complete to	the best of my knowledg	e 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:	merta TITLE:	Regulatory Compliance S	Supervisor DATE: June 15, 2004
Type or print name Tina Huer	ta E-mail a	nddress: tinah@ypcnm	a.com Telephone No. 505-748-1471_
(This enace for State use)			
(This space for State use)	DECODING ONLY		D A mod Strong
APPPROVED BY Conditions of approval, if any:	OR RECORDS ONLYL	E	DATE 1 3 2004