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Submit 3 Copies To Appropriate District Office State of New Mexico					Form C-		
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.			
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDIATION DIVICION				30-015-27777		
811 South First, Artesia, NM 88210 District III	South First, Artesia, NW 88210				5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	NM 87410 Santa Fe, NM 87505			STATE 6. State Oil & G	FEE X as Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505							
(DO NOT USE THIS FORM FOR PROPOS. DIFFERENT RESERVOIR. USE "APPLIC. PROPOSALS.)  1. Type of Well: Oil Well X Gas Well  2. Name of Operator YATES PETROLEUM CORF	Other	EN OR PLU (C-101) FO	NECEIVED	PATRIOT AIZ C		me:	
3. Address of Operator 105 SOUTH 4 <sup>TH</sup> STREET, A	RTESIA, N.M. 88210	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OCD - ARTESIA	9./ Pool name or DAGGER DRAV			
4. Well Location		<u> </u>	12.02.808.80°	ď		••••	
Unit Letter N: 810 feet from the SOUTH line and 1980 feet from the WEST line							
Section 20	Township 19S		ge 25E		DDY Coun	ıty	
	10. Elevation (Show wh					AND IN	
11. Check Appropriate Box to Indicate Nature of NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
					ALTERING	·	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	K	CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI		PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND			
OTHER DISCONNECT PIPLINE		X	OTHER:				
Describe proposed or completed op starting any proposed work). SEE I recompilation. BP Pipeline will be disconnect	RULE 1103. For Multiple string the pipeline system	e Complete em effec	tions: Attach wellb	oore diagram of prop	osed completion or	of	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE TITLE REGULATORY COMPLIANCE MGR DATE MARCH 13, 2003							
Type or print name MICHELLE T.	AYLÓR			Telephone No. 5	05-748-1471		
(This space for State use)							
APPPROVED BYConditions of approval, if any:		TITLE_			DATE		