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Submit 3 Copies To Appropriate District 22 23 24 State of New Mexico Office	Form C-103		
District I Energy, Wilnerals and Natural Resources	Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM38240 District II	WELL API NO.		
TORK AND LOW ATION DIVICION	30-015-10832 5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, 1940 ARTE Santa Fe, NM 87505	STATE X FEE		
District III 1000 Rio Brazos Rd., Aztec, NM 874100 AR/ES/A 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
87505			
SUNDRY MOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	State CK Com		
PROPOSALS.) 1. Type of Well:	State CK Com		
Oil Well Gas Well X Other			
2. Name of Operator	7. Well No.		
Yates Petroleum Corporation	1		
3. Address of Operator	8. Pool name or Wildcat		
105 S. 4 th Street Artesia, NM 88210	Wijdeat- Atoka		
4. Well Location	Γ.Ο. ω,		
Unit Letter <u>93: 660</u> feet from the <u>North</u> line and <u>2180</u> feet from the <u>West</u> line			
Section 4 Township 17S Range 26E NM			
10. Elevation (Show whether DR, RKB, RT, GR, etc.			
3365' GR 11. Check Appropriate Box to Indicate Nature of Notice,	Danast an Other Date		
	SEQUENT REPORT OF:		
	ALTERING		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	CASING		
TEMPORARILY ABANDON	LLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	ID		
OTHER: OTHER: Recompletion Procedures			
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.			
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2/12/03 – Set 5-1/2" composite plug at 7940'.			
2/13/03 - Perforate Atoka 7784'-7795', 7856'-7862', 7873'-7878' with 15042" holes. Straddle perfs 7856'-7878'			
and spotted 100g 7-1/2% MSA. Straddled perfs 7784'-7795' and spotted 100g HCL. Acidize 7784'-7878' with 2000g 7-1/2% MSA.			
25059 7 172/01415/1.			
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.		
SIGNATURE TITLE Regulatory Compliance Su	pervisor DATE February 21, 2003		
Type or print name Ting L/Huerta Telephone No. 505-748-1471			
(This space for State use)			
APPPROVED BY TITLE	, and a second s		
Conditions of approval, if any:			