Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II ON CONCEDIA TION DIVISION		30-005-63539		
B11 South First, Artesia, NM 88210  District III  1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fa NM 87505		STATE X FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:	
DIFFERENT RESERVOIR LISE "APPLICATION FOR PERMIT" (FORM C-101) FOR SIXTH			Starkissed AWS State	
1 7			oranissea / (* *	5 5 GIGIO
Oil Well Gas Well X	Other 5	(2) (2)		
2. Name of Operator	- 27	* P 25 25	8. Well No.	
Yates Petroleum Corpor	ation 4		Z	
3. Address of Operator	55	336	9. Pool name or	
105 S. 4 <sup>th</sup> Street Artesi	a, NM 88210		Wildcat Baser	nent
4. Well Location				
Unit Letter E: 1980 feet from the North line and 990 feet from the West line				
	100	275		
Section 3 To	wnship 10S Range	27E NMPN		County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3879'GR				
11. 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			ALTERING
		REMEDIAL WORK		CASING DUG AND
TEMPORARILY ABANDON	CHANGE PLANS [	CASING TEST AN		ABANDONMENT
PULL OR ALTER CASING	COMPLETION [	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: Completi	ion Operation	X
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.				
•				
8/21/03 – TOC 4390' CBL. Perforate Silurian 6756'-6770' (56).				
8/26/03 – Acidize Silurian with 1000g 20% IC HCL acid.				
•				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE				
Type or print name Tiຼກຸດ L. Hue	rta		Telephone	No. 505-748-1471
(This space for State ase)		0.+-	†Sifewise	V orn a some
APPPROVED BY	n W. Gum <sub>TITL</sub>	<b>KUMU</b> E	1 Sylver	SEP 1 8 2003
Conditions of approval, if any:	11112	~		