Submit 3 Copies To Appropriate District Office	State of New Me	xico	Form C-103	
District I Energy, Minerals and Natural Resources			Revised June 10, 2003	
1025 11161611 51., 116653, 11 652 16			WELL API NO. 30-015-32983	
District III  1301 W. Grand Ave., Artisia, NM 882102003  District III  OILT CONSERVATION DIVISION  CIT 220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Pio Progos Pd. Area NM 8040C.			STATE X	FEE
District IV $\sim 000^{\circ}$ ARTCO			State Oil & Gas Lease	
SUNDRY NOTICES AND REPORTS ON WELLS			VO-5402  7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			. Lease Name of Onit A	Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Duvel BCD State Com	
PROPOSALS.)  1. Type of Well:			8. Well Number	
Oil Well Gas Well X Other			1	
2. Name of Operator			9. OGRID Number	
Yates Petroleum Corporation			025575	
3. Address of Operator			10. Pool name or Wildcat	
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210 4. Well Location			Wildcat Chester	
4. Well Education				
Unit Letter C : 660	feet from the North	line and1980	feet from the	West line
20	T	21E N	3.60).6 E.1.1	
Section 36	Township 21S Ran	nge <u>21E</u> N	MPM Eddy	County
	1. Elevation (Show whether DR,	RKB, RT, GR, etc.)		
4587'GR				
	propriate Box to Indicate N			
NOTICE OF INTE		1	QUENT REPORT	
PERFORM REMEDIAL WORK F	PLUG AND ABANDON	REMEDIAL WORK	∐ ALTE	RING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE			ILLING OPNS. PLUG AND	
			ABANDONMENT	
	MULTIPLE  _  COMPLETION	CASING TEST AND CEMENT JOB		
	SOMI LETION	OLIVILIAT JOB		
OTHER:		OTHER: Surface cas	sing	X
13. Describe proposed or complete of starting any proposed work) or recompletion.	ed operations. (Clearly state all post. SEE RULE 1103. For Multiple	_	_	
10/10/03 – Resumed drilling at 10:15 A 10/13/03 – Set 13-3/8" 48# casing at 38 additives. Cement circulated to surface	8'. Cemented with 180 sx Class			ass "C" with
I hereby certify that the information about	ove is true and complete to the be	est of my knowledge ar	nd belief.	
SIGNATURE:	TITLE D	1-4 C1: C	DATE	S. O-4-1 17, 2002
SIGNATURE: THE	IIILE: Re	gulatory Compliance S	bupervisor DAIR	E: October 17, 2003
Type or print name Tima Huerta	E-mail ac	ddress: tinah@ypcnm.	com Telephone	e No. 505-748-1471
(This space for State use)				
Janes 1	W. Gerne TITLE K.	Pistrict Supers	nsov	<b>OCT 2 4 200</b>
APPPROVED BY Conditions of approval, if any:	TITLE		DATE	3
CONCIDENTS OF SPACOVAL IT SAVE				