Submit 3 Copies To Appropriate District	State	of New M	exico		Form C-103		
Office District I	Energy, Miner	Energy, Minerals and Natural Resources			Revised June 10, 2003		
1625 N. French Dr., Hobbs, NM 88240	2	3 ,			NO.	_	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSE	OIL CONSERVATION DIVISION			30-005-61493		
District III	1220 Sc	1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410		Santa Fe, NM 87505			STATE X FEE 6. State Oil & Gas Lease No.		
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Suite		7505	o. State Of	I & Gas Lease N	10.	
87505					VB-427		
SUNDRY NOTIC	ES AND REPORT	S ON WELL	S	7. Lease N	ame or Unit Agr	eement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER			LUG BACK TO A				
DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) F	OR SUCH		Hanlad AKZ S	tate	
1. Type of Well:					8. Well Number		
Oil Well Gas Well X	Other	Other RECEIVED			1		
2. Name of Operator		<u>.</u>		9. OGRID	9. OGRID Number		
Yates Petroleum Corporation		OCT 3 0 2003			025575		
3. Address of Operator		OCD-ARTESIA		10. Pool na	10. Pool name or Wildcat		
105 S. 4 th Street, Artesia, NM 88210		000	ATTEON		Paloma Mesa Penn		
4. Well Location							
Unit Letter M : 66	o feet from the	South	line and	660 feet	from the _\	West line	
G .: 10	m 1:	00 5					
Section 13	Township	8S Ra	ange <u>27E</u>	NMPM _	Chaves Co	ounty	
	11. Elevation (Show	www.whother DI	D DKR DT CD	ata)		MCK C. T. L. J. L. J	
	11. Elevation (5%)		6'GR	eic.)			
12 Check A	ppropriate Box to			ce Penort or (Other Date	A STATE OF THE STA	
NOTICE OF INT) mulcate r				5 E.	
		ON E		JBSEQUENT		_	
PERFORM REMEDIAL WORK	PLUG AND ABAND	JON [REMEDIAL W	ORK	ALTERIN	IG CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE	DRILLING OPNS	S. PLUG AN	ND [
_					ABANDO		
PULL OR ALTER CASING	MULTIPLE CASING TEST A						
	COMPLETION		CEMENT JOE	}			
OTHER:		П	OTHER: WA	back on producti	ion	v	
	. 1					X	
13. Describe proposed or comple							
of starting any proposed work	k). SEE RULE 110.	3. For Multip	ole Completions:	Attach wellbore	e diagram of prop	oosed complete	
or recompletion.							
Well healt on maduation 10/20/02							
Well back on production 10/20/03			•				
			•				
		SENOCTI					
		* · ** · ** · ** · · · · · · · · · · ·					
	, and	s. Francis					
I hereby certify that the information about	nove is true and com	A support	sest of my knowl	edge and balisf			
I hereby certify that the information at	pove is true and com	iplete to the b	est of my knowl	edge and belief.			
۸.	pove is true and com				DATE: (October 28, 200	
I hereby certify that the information all SIGNATURE:	pove is true and com			edge and belief. iance Supervisor	DATE:_(October 28, 20	
SIGNATURE:	pove is true and com	TITLE:_R	egulatory Comp	iance Supervisor			
SIGNATURE: Type or print name Tina Huerta	pove is true and com	TITLE:_R		iance Supervisor		October 28, 200 o. 505-748-14	
SIGNATURE:	pove is true and com	TITLE:_R	egulatory Comp	iance Supervisor			
SIGNATURE: Type or print name Tina Huerta (This space for State use)	pove is true and com	TITLE:_R	egulatory Comp	iance Supervisor	Telephone N		
SIGNATURE:	pove is true and com	TITLE:_R	egulatory Comp	iance Supervisor			