Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO.  30-015-33036  5. Indicate Type of Lease  STATE FEE X  6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:  Oil Well Gas Well X Other RECEIVED			7. Lease Name or Unit Agreement Name  Desiree BDS  8. Well Number
2. Name of Operator	V 411/1		9. OGRID Number
Yates Petroleum Corporation	4	JAN 2 2 2004	025575
3. Address of Operator 105 S. 4 <sup>th</sup> Street, Artesia, NM 8	(8210	OCD-ARTESIA	10. Pool name or Wildcat
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210 Wildcat Chester  4. Well Location			windcat Chester
Unit Letter O : 660	) feet from the	South line and	
Section 34	Township 175	S Range 26E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3804'GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INT PERFORM REMEDIAL WORK	ENTION TO: PLUG AND ABANDON	REMEDIAL W	UBSEQUENT REPORT OF: VORK ALTERING CASING
	CHANGE PLANS	COMMENCE	DRILLING OPNS. PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TES	
OTHER:		OTHER: Spi	ud X
13. Describe proposed or comple of starting any proposed work or recompletion.	ted operations. (Clearly s c). SEE RULE 1103. For	tate all pertinent details	s, and give pertinent dates, including estimated date : Attach wellbore diagram of proposed completion
1/17/04 - Spudded well at 10:00 AM.	Set 40' of 20" conductor	and cemented to surfac	ce.
I hereby certify that the infa-	vorro ia tras and a1	to the best of a 1 1	1. 1 11 V . C
I hereby certify that the information ab SIGNATURE:	1 1	to the best of my knowl LE: <u>Regulatory Compl</u>	
Type or print name Time Hunder			· · · · · · · · · · · · · · · · · · ·
Type or print name Tina Huerta (This space for State use)	<u>F</u>	E-mail address: tinah@	
APPPROVED BY Conditions of approval, if any:	OR RECORDS TO	<b>NE</b> Y	DATE