				CIST	. ^		
Submit 3 Copies To Appropriate District 3456, 897 State of New Mexico Office Energy Minerals and Natural Resources				1	γ—γ(	Form C-103	
Office District I Energy, Minerals and Natural Resources					<u> </u>	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240				WELL API			
District II 811 South First, Artesia, NM 88230 OIL CONSERVATION DIVISION				30-015-32450 5. Indicate Type of Lease			
District III 1000 Rio Brazos Rd., Aztec, NM. \$7410	The state of the s				STATE FEE X		
District IV Satura Fe, NW 87303				6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 000 87505							
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.)					7. Lease Name or Unit Agreement Name: Bones BAD Com		
1. Type of Well: Oil Well Gas Well X	Other						
2. Name of Operator					8. Well No.		
Yates Petroleum Corporation /				1	1		
3. Address of Operator				9. Pool n	9. Pool name or Wildcat		
105 S. 4 <sup>th</sup> Street Artesia, NM 88210				Undesig	Undesignated Boyd Morrow		
4. Well Location			1490				
Unit Letter 💢 : 660	feet from the <u>Nor</u>	th lir	e and <u>660</u>	feet from the	Wes	† line	
Section 31	Township 18S	Range	26E	NMPM	Edd	y County	
	10. Elevation (Show wh			etc.)			
11. Check A	ppropriate Box to Ind	3456' icate Na	· · · · · · · · · · · · · · · · · · ·	, Report or (	Other I	) Data	
NOTICE OF IN				BSEQUEN			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK CASING				
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS ABA			PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB				
OTHER:			OTHER: Spud			X	
Describe proposed or completed op starting any proposed work). SEE Frecompilation.  11/22/02 – Spudded 26" cond Notified Phil Hawkins with NMC	RULE 1103. For Multiple  Juctor hole at 10:30 A	e Comple M with I	tions: Attach well  Butch's Rathole	Ibore diagram  Service. Se	of prop et 40' c	osed completion or	
ON DIST	MAL SIGNED BY TIN	Regulato	ory Complianc	e Supervisor	_DATE	November 26, 2002  505-748-1471  DATE DEC 0 4 200	
APPPROVED BY		TITLE_				DATE DEC V 4 ZU	
Conditions of approval, if any:						*	