	-			•			
Submit 3 Copies to Appropriate District Office						Form C evised March 25	
Energy, Minerals and Natural Resources 625 N. French Dr., Hobbs, NM 88240				WELL API	• "		
District II B11 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION				30-005-62847 5. Indicate Type of Lease			
District III 1000 Rio Brazos Rd, Aztec NM 87410	00 Pio Prozos Pd. Artec NM 87/10				STATE X FEE		
District IV Santa Fe, NM 87505				6. State Oil & Gas Lease No.			
2040 South Pacheco, Santa Fe, NM 87505				VA-2075			
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name:			
(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:				Starkissed "AWS" State			
Oil Well Gas Well X	Other /	2 ²	4				
2. Name of Operator		, ·		8. Well No.			
Yates Petroleum Corporation		- AC	2002		1		
3. Address of Operator				9. Pool name or Wildcat			
105 South Fourth Street, Artesia, N	ew Mexico 88210		TTFSIA	Wildcat Bas	sement		
4. Well Location Unit Letter: E : 1980'	feet from the	North	line and	660'	feet from the	West	line
Unit Letter: <u>E</u> : <u>1980'</u> Section 3	reet nom the Township 10		1.00	NMPM	leet if on the County		une
Section 5		Show wh	ether DF, RKB, I		1		
		·	3881.3'				
11. Check Ap	propriate Box to I	ndicate	Nature of Not	ice, Report,	or Other Data	a	
· · ·				SUBSEQUENT REPORT OF:			
	PLUG AND ABANDON		REMEDIAL WOR	rk [ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DR	ILLING OPNS [PLUG		
PULL OR ALTER CASING MULTIPLE COMPLETION			CASING TEST AND CEMENT JOB				
OTHER:			OTHER:				
12. Describe proposed or completed	operations. (Clearly	state all p	ertinent details,	and give pertin	ent dates, includ	ing estimated	date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.							
-							
		_					
Yates Petroleum Corporation wishes to withdraw the APD for the Starkissed "AWS" State #1 well.							
Thank you.							
I hereby certify that the information	above is true and con	nplete to t	the best of my kn	nowledge and l	belief.	· · ·	
					DATE	10/28/02	
SIGNATURE Pat Per		ITLE	Regulator				
Type or print name Pat Perez			/		Telephone No.	(505) 748-14	171
(This space for State use)						11 11	• •
APPROVED BY		ITLE			DATE_	11-4-	02
Conditions of approval, if any:	WV _ e /	/					
Х	the ance						