Submit 3 Copies To Appropriate District 5 6 7 8 9 State of New Mexico	Form C-103
District 1 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbert M 88240	Revised March 25, 1999
	WELL API NO. 30-005-62829
District II 811 South First, Artesia, Na 88210 PECEUS	5. Indicate Type of Lease
District III RECEIVED 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec NM 8000 - ARTESIA 5/Santa Fe. NM 87505	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	LG-5246
SUNDRY NOTICES ON REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROFESSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	Pathfinder AFT State
1. Type of Well: Oil Well Gas Well Other X SWD	
Oil Well Gas Well Other X SWD 2. Name of Operator	7 11 11 11 11 11 11 11 11 11 11 11 11 11
Yates Petroleum Corporation	7. Well No.
3. Address of Operator	8. Pool name or Wildcat
105 S. 4 th Street Artesia, NM 88210	SWD - Fusselman
	300 - 1 033CHTIGH
4. Well Location	
5 0010	
Unit Letter F: 2310 feet from the North line and 1850 feet from the West line	
Section 21 Township 10S Range 27E NMPM Chaves County	
Section 21 Township 10S Range 27E NMI 10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3855' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING
	CASING L
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	ABANDONMENT ABANDONMENT
PULL OR ALTER CASING	
OTHER: OTHER: Acidize	
Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of	
starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
5/27/03 – Set 7" 26# Uni-VI nickel coated packer at 6348'.	
5/28/03 – Acidize existing Fusselman perfs 6442'-6729' with 2500g 20% NEFE acid with surfactants.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
1 Lake	
SIGNATURE	
Type or print name	Telephone No. <u>505-748-1471</u>
(This space for State use)	
APPPROVED BYTITLE	DATE
Conditions of approval, if any:	DATE