

State of New Mexico
Energy, Minerals and Natural Resources Department

DISTRICT I

P.O. Box 1980, Hobbs NM 88240

DISTRICT II

P.O. Drawer DD, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A WELL OR TO PLUG BACK A WELL IN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-005-62829
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD		5. Indicate Type of Lease State <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. LG-5246
3. Address of Operator 105 South 4th., Artesia, NM 88210		7. Lease Name or Unit Agreement Name PATHFINDER AFT STATE
4. Well Location 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		8. Well No. 13
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		9. Pool Name or Wildcat SWD - FUSSELMAN

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER MECHANICAL INTEGRITY TEST <input checked="" type="checkbox"/>	

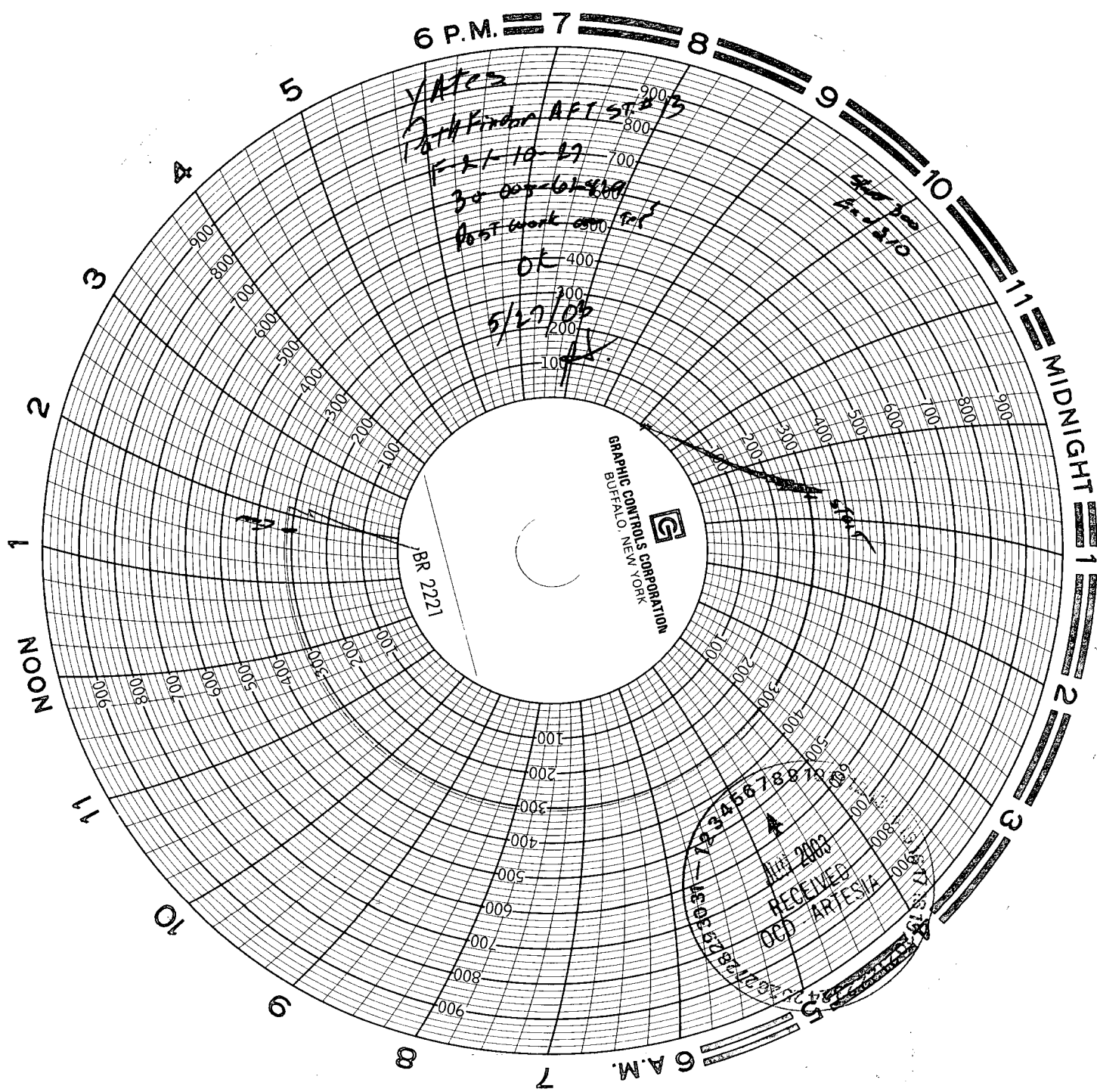
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)
SEE RULE 1103.

Mechanical Integrity Test conducted 5-27-03. Chart attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donna Clack TITLE Regulatory Technician DATE 6/4/03
TYPE OR PRINT NAME DONNA CLACK TELEPHONE NO. 505-748-1471
(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

Accepted for record - NMOCU



YATES
Park Finders ARTIST #3
F-21-10-27
30 out-61-410
Post work 2000
OK
5/27/06

RECEIVED
OCD ARTESIA
JUN 2003
46212823-153031-123456789