Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources		WELL ADINO	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO. 30-015-32527	
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of	of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE 7	
District IV	Sama Fe, Nivi 6/303			6. State Oil & G	
1220 S. St. Francis Dr., Santa Fe, NM 87505			V-1673		
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 X Gas Well Other				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. LISE "APPLICATION FOR PERMIT" (FORM C-101) FOR STICH				Lost Tank AIS S	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUICH PROPOSALS.)  1. Type of Well:  Oil Well X Gas Well Other					State
1. Type of Well:					
<u> </u>	Other /	٠٠)	.//// a	8. Well No.	
Name of Operator     Yates Petroleum Corpor	1~	. ,	JUN 2003	7	
Yates Petroleum Corporation  3. Address of Operator  PECE/VED  9. Pool name or Wildcat					
Yates Petroleum Corporation  3. Address of Operator 105 S. 4th Street Artesia, NM 88210				Lost Tank Delay	
700 5. 4 511001 71110310, 1111 00210					
4. Well Location		18	0862821296		
5 0016	<b>.</b>	_			
Unit Letter F: 2310	feet from the Nor	<u>in</u> li	ne and <u>2310</u>	feet from the W	est line
Section 36	Township 21S	Range	31E	NMPM Edo	ly County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3578' GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN				SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	K 🗌	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	COMMENCE DRILLING OPNS.   PLUG AND ABANDONMI	
PULL OR ALTER CASING	MULTIPLE COMPLETION	П	CASING TEST AI	ND	
OTHER:		П		duction casing	X
OTHER: Set production casing X 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.					
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6/4/03 – Reached TD 8500' at 8:00 AM.					
6/5/03 – Set 5-1/2" 15.5# & 17# casing at 8500'. Cemented Stage 1 with 550 sx Super "H" with additives. Tailed					
in with 50 sx Premium Thixset with additives. Circulated thru DV tool 1 hr. Cemented Stage 2 with 280 sx Interfill					
"C" with additives. Tailed in with 100 sx Premium Plus with additives.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
A ' I					
SIGNATURE TURE TITLE Regulatory Compliance Supervisor DATE June 16, 2003					
Type or print name Ting Huerto	a l		•	Telephone No	. 505-748-1471
(This space for State use)					
APPPROVED BY A ccepted	[ N	7			
	I for peccad T	7 TITLE			DATE 33 19 20