		,		
Copies To Appropriate District	State of New	Mexico	Form C-103	
Strict I Energy, Minerals and Natural Resources			Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			WELL API NO.	
			30-015-32675	
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE X FEE  6. State Oil & Gas Lease No.		
220 S. St. Francis Dr., Santa Fe, NM	ŕ		6. State Off & Gas Lease No.	
7505	ES AND REPORTS ON WE	7110	7. Large Names on Limit Assessment Names	
DO NOT USE THIS FORM FOR PROPOSA			7. Lease Name or Unit Agreement Name:	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Refuge BCR State	
PROPOSALS.) Type of Well:	/.	1	Kologo bek sidio	
Oil Well Gas Well X	Other \	<b>₩</b> 18		
. Name of Operator	/2	JUI 20 3	8. Well No.	
Yates Petroleum Corpor		OCAECEU 403	1	
3. Address of Operator	100	ARXED	9. Pool name or Wildcat	
105 S. 4th Street Artesia	a, NM 88210	ES/A A	Undesignated Riverside Morrow	
	\{\script{\sint\sint\sint\sint\sint\sint\sint\sint	>		
. Well Location		218131101687		
***************************************	(O C (C 4 C-)		out Freeh 1	
Unit Letter O: 66	deet from the <u>500</u>	<u>In</u> line and 1330	feet from theEast line	
Section 36 T	Township 16S Rang	e 26E NM	PM Eddy County	
Section 30 I	Township 16S Range 10. Elevation (Show wheth			
	,	310'GR		
11 Check Ar	opropriate Box to Indicat		Report or Other Data	
NOTICE OF INT		<del></del>	SSEQUENT REPORT OF:	
			ALTERING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	CASING	
EMPORARILY ABANDON	IPORARILY ABANDON   CHANGE PLANS   COMMENCE		ILLING OPNS. PLUG AND ABANDONMENT	
	MULTIPLE	CASING TEST AN		
PULL OR ALTER CASING	COMPLETION	CEMENT JOB		
OTHER:		OTHER: 5' new h		
	RULE 1103. For Multiple Co	mpletions: Attach wellb	pertinent dates, including estimated date of bore diagram of proposed completion or	
			$x^{\mu}$ .	
			<i>".</i> "	
			w <sup>*</sup>	
	ř			
	Y			
hereby certify that the information	above is true and complete to	the hest of my knowled	dge and belief	
A C	A second to the complete to	and best of my knowled	age und benen.	
SIGNATURE June H	urta TITLE Regul	atory Compliance Su	upervisor DATE July 24, 2003	
Type or print name Tina L. Huei	rta	<del></del>	Telephone No. 505-748-1471	
(This space for State use)	^^	00 86	<b>301</b> 2 9 2	
APPPROVED BY	FOR RECORDS ON	ALA	DATE	
Conditions of approval, if any:	111		DATE	