Submit 3 Copies to Appropriate District Office

State of New Mexico nergy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION I	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 2040 Pacheco St. Santa Fe, NM 87509	5 STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-5204
SUNDRY NOTICES AND REPORTS ON V (DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: OIL GAS WELL MELL OTHER	7. Lease Name or Unit Agreement Name Duvel BCD State Com.
2. Name of Operator Yates Petroleum Corporation 3. Address of Operator 105 S. 4th Street, Artesia, NM 88210	8. Well No. CEIVED ARTESHA 9. Pool name or Wildcat Wildcat Chester
4. Well Location Unit Letter C 660 eet From The North	Line and 1,980 Feet From The West Line
Section 36 Township 21S Range 21E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4,587'	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103. Yates Petroleum Corporation respectfully requests permission to make the following changes to the APD for this well. Change the intermediate setting depth from 1,500' to a new setting depth of 1,850'. New intermediate casing program is as follow	
Hole Size Casing Size Casing Weight/feet Setting Depth Sx of Cement Estimated TOC	
12 1/4" 9 5/8" 36#	1,850' 900sx Surface
Mudlogger will come on 1000'. Daily drilling reports and daily mudlog reports will be sent to OCD prior to running intermediate casing.	
Verbal approval given by Bryan Arrant, OCD on 10/1/03. Thank-you, I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Jeromia / / www.	
TYPE OR PRINT NAME Jeremiah Mullen (This space for State Use) APPROVED BY TITLE DATE (505)-748-4378 TITLE DATE	