

3 copies
Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89
CIS
OP

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

WELL API NO.
30-015-31055
5. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
B-10716-1
7. Lease Name or Unit Agreement Name
Telescope 28 State Com
8. Well No.
1
9. Pool name or Wildcat
Undes Winchester Morrow

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 GAS Well OTHER

2. Name of Operator
Yates Drilling Company

3. Address of Operator
105 South 4th Street, Artesia, NM 88210

4. Well Location
Unit Letter G, 1980 Feet From The North Line and 1650 Feet From The East Line
Section 28 Township 19S Range 28E NMPM Eddy County

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input checked="" 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: <input 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.

Change Hole Size:
Intermediate hole size from 12 1/4" to 11".

Change Intermediate Casing Depth:
Set 8 5/8" intermediate casing between 2950' - 3100'



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Karen J. Leishman TITLE Engineering Technician DATE 4-18-00
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: