Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

CIST	Fo Re
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rm C-103 evised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30- <i>005</i>	-60557	
5. Indicate Type of Lease		r

DISTRICT II	Conta En Nove Marian	97504 2099	30-00 5 00 5 7	
P.O. Drawer DD, Anesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. VO-5641	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO	S AND REPORTS ON WEL SALS TO DRILL OR TO DEEPEN SR. USE "APPLICATION FOR PEI I) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well:	Acceptance of the Control of the Con			
WELL WELL X	OTHER		Bullis AVW State Com	
2. Name of Operator YATES PETROLEUM CORPORAT	ION		8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
105 South 4th St., Artes:	1a, NM 88210		Wildcat Worrow Htoka	
	Feet From The North	Line and1980	Feet From The West Line	
Section 20			NMPM Chaves County	
	10. Elevation (Show whether 484	DF, RKB, RT, GR, etc.) 49.9' GR		
	propriate Box to Indicate N			
NOTICE OF INTER	TION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDOHMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: Place we	11 into production X	
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state all pertinent details, and	d give pertinent dates, includ	ing estimated date of starting any proposed	
3-7-2001 - Moved in and r 3-8-2001 - Flow tested.	igged up pulling uni Shut well in. Relea	t. Checked pre sed well to pro	ssures. Shut down for night. duction department.	
Perforations open: 6484-	6494' Morrow	1870 15 2 23 24 3	OCO RECEIVED ARIESIA	
I hereby certify that the information above from and a SIGNATURE	complete to the best of my knowledge and b	edd. Dperations Te	chnician DATE May 24, 2001	
TYPEOR PRINT NAME Rusty Klein			TELEPHONE NO. 505/748-147	
(This space for State Use)				

(This space for State Use) SUPERVISOR, DISTRICT II APPROVED BY	тпъ	MAY 3 1 7001
TYPEOR PRINT NAME Rusty Klein		TELEPHONE NO. 505/748-
I hereby certify that the information above true and complete to the best of my know	viedge and belief. TITLE Operations Technician	DATE May 24, 2001