Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised June 10, 2003

WELL API NO. 30-015-26315

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
VB-484

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 [X]   Other

2. Name of Operator
Yates Petroleum Corporation

RECEIVED

NOV 2 8 2003

OCD-ARTESIA

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

7. Lease Name or Unit Agreement Name
BUDDY AWY STATE COM

8. Well Number
1

9. OGRID Number
25575

10. Pool name or Wildcat
DARK CANYON II PENN

4. Well Location

Unit Letter G : 1980 feet from the NORTH line and 1980 feet from the EAST line

Section 32 Township 23S Range 25E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3849' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [x]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]   MULTIPLE COMPLETION [ ]

OTHER: [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: [ ]

13. 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 recompletion.

CALL OCD WITH 24 HOUR NOTICE BEFORE COMMENCING OPERATIONS.

1. MIRU WSU; ND wellhead, NU BOP. RU all safety equipment. No casing recovery will be attempted. POH w/ tubing & packer – packer is @ 9611'.
2. MIRU WL; set CIBP @ 9632' & cap w/ 35' cement. This will seal off the Strawn perforations.
3. Tally tubing & TIH open ended to 7385'. Load hole w/ plugging mud & spot a 25 sk plug from 7960' to 8380' – across the Wolfcamp top. Pull 5 stands & reverse circulate to clean out tubing.
4. Move tubing to TIH open ended to 5380'. Load hole w/ plugging mud , then spot 25 sk plug from 4960' – 5380'. Pull 5 stands and reverse circulate ; POH. *100' Plug 4553' - 4653' - in & out of csg.*
5. RU WL & perforate 6 squeeze holes @ 2920' – TOC is @ 2920' by CBL. Tie onto casing & establish an injection rate before setting a retainer. If unable to pump into perfs, re-perf @ 2900' & try to establish an injection rate. Set a retainer @ 2820'; TIH w/ tubing & load hole w/ plugging mud. Sting into retainer & establish circulation. Squeeze w/ 50 sx Class C cement & leave 5 sx on top of retainer. This will leave a plug across the intermediate casing shoe. If no retainer is used, displace cement to 100' above top perforation. WOC & tag ; reset plug if necessary.
6. RU WL & perforate 6 squeeze holes @ 473'. WL set a retainer @ 373'. TIH w/ tubing & load hole w/ plugging mud. Sting into the retainer & establish circulation. Squeeze w/ 50 sx of Class C cement & leave 5 sx on top of retainer. This will set a plug across surface casing shoe. If no retainer is used, displace cement to 100' above top perf. WOC & tag; reset if necessary.
7. RU WL & perforate 6 squeeze holes @ 150'. Tie onto 5-1/2" casing & establish circ back up 4.5"x 8.625 annulus. Pump 70 sx Class C cement – this should circ cement from 150' to surface. Do not displace cement. WOC 24 hrs & tag – reset if necessary.
8. Remove all surface equipment & weld dry hole marker per regulations. **Notify OCD 24 hrs. prior to any work done**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: _Donna Clack_ TITLE: Regulatory Compliance Technician DATE: 11-25-2003

Type or print name DONNA CLACK   E-mail address: Telephone No. 505-748-1471

(This space for State use)

APPROVED BY _____ TITLE _____ APPROVED DEC 2 2003
Conditions of approval, if any: