Culturals 2 Commission To Assessment District		<b>a</b> . •	F C 102
Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minierals and Na	WELL API NO.	
District II OUL CONSERVATION DIVISION			30-005-61298
BII South First, Artesia, NM 88210 OIL CONSERVATION DIVISION  District III 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM	STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(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.)			Squirrel SL State
1. Type of Well: Oil Well Gas Well X	Other	<b>k</b> (2)	
2. Name of Operator	<u> </u>	570 55	7. Well No.
Yates Petroleum Corpor	ation	65 . (23/1/2	1
3. Address of Operator		D ARTESIA O	8. Pool name or Wildcat
105 S. 4 <sup>th</sup> Street Artes	ia, NM 88210 0 <sup>(</sup>	30	Pecos Slope Abo
4. Well Location		12 ex = 100 m	
Unit Letter K: 19	80 feet from the SOUTh	line and 1980	feet from the West line
Omi Letter 17	<u>50</u> leet from the <u>500111</u>	mic and	rect from the me
Section 32	Township 7S Range	26E NMI	PM Chaves County
	10. Elevation (Show whether		(c.)
		3' GR	
	ppropriate Box to Indicate		
NOTICE OF IN	TENTION TO:	SUB	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WOR	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ABANDONWENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CEMENT JOB	
OTHER:		OTHER:	
starting any proposed work). SEE recompilation.	RULE 1103. For Multiple Com	oletions: Attach well	pertinent dates, including estimated date of bore diagram of proposed completion or 3864' (11), 3888'-3894' (7), 3934'-3944'
	28' (4), 4089'-4091' (3), 4110		-4172' (3), 4190'-4194' (5) for a total of
I hereby certify that the information	above is true and complete to t	he best of my knowle	dge and belief.
SIGNATURE Jina Hu	TITLE Regulate	ory Compliance S	upervisor_DATE_February 6, 2003
Type or print name Jing/J, Hue	erta		Telephone No. 505-748-1471
(This space for State use)		W. GUM	
( ) Jel	DISTRICT IS RESPERSABLE	40 <b>M</b>	FEB 1 3 20
APPPROVED BY Conditions of approval, if any:	TITL	J	DATE