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Submit 3 Copies To Appropriate District State of New Mexic Office <u>3910 Brenzy</u> , Minerals and Natural 1625 N. French Dr., Hobbs, NM 88249 District II	CO Resources Form C-103 Revised March 25, 1999	
District 1 1625 N. French Dr., Hobbs, NM 88249	WELL API NO.	
District III / 1220-South St. Franci	s Dr. 5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 The LEVED Santa Fe, NM 8750 District IV	05 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Feinm REC ARIL	LG 780	
SUNDRYPNOTICES AND REPORTS ON WELLS [7. Lease Name of Our Agreement Name		
(DO NOT USE THIS FORM FOR REPOSALS TO DRIEL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLY CONTRACT OF PERMIT" (FORM C-101) FOR PROPOSALS.)	BACK TO A SUCH River Bridge UX State	
1. Type of Well: Oil Well Gas Well X Other		
2. Name of Operator	7. Well No.	
Yates Petroleum Corporation	#4	
3. Address of Operator	8. Pool name or Wildcat	
105 S. 4 <sup>th</sup> Street Artesia, NM 88210	Pecos Slope Abo, South	
<ol> <li>Well Location</li> <li>Unit Letter <u>C</u>: 760 feet from the <u>North</u> line and <u>1930</u> feet from the <u>West</u> line</li> </ol>		
Section 16 Township 9S Range 2 10. Elevation (Show whether DR,		
3583' GR		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
	COMMENCE DRILLING OPNS.	
OTHER:		
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 recompilation.		
Notify the OCD 24 hours before commencing operations. Yates proposes to temporarily abandon this well, to hold it for future deepening.		
Propose to temporarily abandon as follows:		
POOH with the and packer.	POOH with tbg and packer.	
Set CIBP at 3850'. Cap with 35' of cement.		
Load the hole with 10 ppg brine plugging mud with 25 lbs	of gel per bbl.	
Pressure test casing to 500 psi and record chart for 30 minu	Matif. OCD and	
File chart with the OCD.Notify OCD 24 hrs. prior to test.		
	505-748-1283	
I hereby certify that the information above is true and complete to the b		
SIGNATURE ALATE May 3, 2002		
Type or print name Susan Herpin Telephone No. 505-748-1471		
(This space for State use)		
APPPROVED BY		
Conditions of approval, if any Conditions of approval, if		
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