Submit 3 copies o Appropriate District Office	State of New	Mexico 2021222324 25-26-23 Resources Department	Revised 1-1-89	
DISTRICT I	Energy, Minerals and Natural	Resources Department	WELL API NO. 30-005-62978	
P.O. Box 1980, Hobbs NM 88240 <u>DISTRICT II</u> P O. Drawer DD, Arlesia NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec NM 87410 SUNDRY NO	OIL CONSERVAT P.O. Box Santa Fe, New Mexico	ONDIVISION 1 2002 2085 RECEIVED 87504-2086D - ARTESIA	5. Indicate Type of Lease State X FEE 6. State Oil & Gas Lease No. V-2925	
(DO NOT USE THIS FORM	I FOR PROPOSALS TO DRILL OR TO RESERVOIR. USE "APPLICATION F 01) FOR SUCH PROPOSALS.)	D DEEPEN OR PLUG BACK TO CONTRACT OF PERMIT	7. Lease Name or Unit Agreement Name TRAILBLAZER ANL STATE	
1. Type of Well. OIL GAS WELL	OTHER		8. Well No	
2: Name of Operator Yates Petroleum Corporation			2	
3. Address of Operator 105 South 4th., Artesia, NM 88210			9 Pool Name or Wildcat ACME SAN ANDRES, S/E	
4 Well Location Unit Letter H : 2310	Feet From The NORTH	Line and 330 Fe	eet From The EAST Line	
Section 11 Township	levation (Show whether DF, Ri	<u>NMPM</u> CHAVE KB, RT, GR, etc.) 69'	S COUNTY	
11. Check Appropriate	e Box to Indicate Nature of	Notice, Report, or Other Data		
NOTICE OF INTEN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER		SUBSEQUENT REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	ALTERING CASING	

Describe Proposed or Completed Operations date of starting any proposed work) SEE RULE 1103.

1. Notify NMOCD 24 hours before starting work - MIRU WSU & safety equipment as needed. Bleed pressure off tubing & load tubing & casing w/ 30+/- bbls 2% KCL water; ND tubing head & NU BOP on tubing. Pull & lay down rods; ND wellhead

& NU BOP - POH w/ tubing. Pump 2 % KCL water only as needed to keep well dead. 2. RU wireline & RIH w/ 5-1/2" gauge ring to 2150' to make sure casing is clear, then RIH w/ 5-1/2" CIBP & set @ 2150'.

Cap plug w/ 35' of cement; RD wireline.

3. RIH w/ tubing to 2115' & circ hole w/ 10.0 ppg brine plugging mud w/ 25 # gel/bbl mud; close BOP & test casing to 500 psig for 30 minutes & record chart for NMOCD. POH laying down tubing; cap wellhead, & temporarily abandon well.

I hereby certify that the information pove a true and complete to the set of my knowledge and be SIGNATURE	elief.	Operations Technician		5/21/02 505-748-1471
TYPE OR PRINT NAME DOUNDA CLACK	fild	Sup P DATE	MAY 302	002