		198	/		
Submit 3 Copies To Appropriate District State of New Mexico			<u>-</u>	Form C-103	
Office Energy, Minerals and Natural Resources				Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			30-005-63136	f Lanca	
District III 1220 South St. Francis Dr.			5. Indicate Type o	FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			6. State Oil & Ga		
District IV 1220 S. St. Francis Dr., Santa Fe, NM					
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.)			Bean Com		
1. Type of Well: Oil Well Gas Well X	Other				
2. Name of Operator			7. Well No.		
Yates Petroleum Corporation			#2		
3. Address of Operator			8. Pool name or Wildcat		
105 S. 4 <sup>th</sup> Street Artesia, NM 88210			Pecos Slope Abo		
4. Well Location  Unit Letter H: 19	feet from the North	line and660_			
Section 20	Township 7S Range		MPM Chaves	County	
Council	10. Elevation (Show whether D		tc.)		
	3589	'GR	D (1)	Dete	
11. Check A	ppropriate Box to Indicate N	ature of Notice	Report or Other	Data	
NOTICE OF IN	BSEQUENT RE	ALTERING			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK CASING X		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. ABANDONMENT CASING TEST AND		
PULL OR ALTER CASING COMPLETION CEMENT JOB					
OTHER: OTHER: add proposed or completed operations. (Clearly state all pertinent details, and given the complete operations) of the complete operations of the complete operations.			erforations to existing zone  X  Repertinent dates, including estimated date of		
starting any proposed work). SEE 3 recompilation.  7/30/01 – Perforate Abo 4474  7/31/01 – Break perfs with 7%  8/1/01 – Move packer up to 3  8/2/01 – Rig down and turn w	RULE 1103. For Multiple Compli- -4484' with 22 holes, .42". KCL water. Set packer at 44 3717', above all open Abo p vell to production.	etions: Attach wer 151' and swab b erfs 3783-4484'.	pack.	RECEIVED ARIESTA	
I hereby certify that the informatio	n above is true and complete to the	e best of my knowl	edge and belief.		
SIGNATURE MARTINE MICHIGANIA				<u>December 28, 2001</u>	
Type or print name Susan He	<i>y</i>			e No. 505-748-1471	
(This space for State use)				FEB 01 2002	
APPPROVED BY For More Conditions of approval, if any:	and Only TITLE			DATE	