1	ere control of the co	*	cl'
Submit 3 Copies to Appropriate District Office	State of New Me Energy, Minerals and Natural Re		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	30-005-63209  5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	123	A5678970777	STATE X FEE  6. State Oil & Gas Lease No.
SUNDRY NOT ( DO NOT USE THIS FORM FOR PRO DIFFERENT RESE! (FORM C	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.)	LSAR 2000 PRALIC BACK TO SHAPE IN TO SHAPE IN ED	LG-2621 7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. GAS WELL X	1000	<b>3</b>	Thursdown and TD Chat-
2. Name of Operator YATES PETROLEUM CORPOR		E02221202	Thunderhead TD State  8. Well No.
3. Address of Operator 105 South 4th St., Art			9. Pool name or Wildcat Pecos Slope Abo
4. Well Location  Unit Letter I : 150	OO Feet From The South	Line and660	Feet From The East Line
Section 32	Township 8S Rai	nge 26E j	NMPM Chaves County
	10. Elevation (Show whether I		
11. Check	Appropriate Box to Indicate N		eport, or Other Data
NOTICE OF INT	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS X	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, and	d give pertinent dates, includ	ling estimated date of starting any proposed
Yates Petroleum Corpor			n to change the proposed total and intermediate formations.
Production casing will	L be changed from 4-1/2'	' 10.5# casing t	co 5-1/2" 15.5# casing.
Also request permission	on to change the BOP pre	essure test from	n 1000 psi to 500 psi.
^			
I hereby certify that the information above; is the	and complete to the best of my knowledge and b	odie.	
SIGNATURE JUSTES	lu m	B Operations Te	echnician DATE March 7, 2000
TYPEOR PRINT NAME Rusty Klein	1		тецерноме NO. 505/748—14
(This space for State Use)	Jim W. Gum	Districts	egarvisor
APPROVED BY	m m	E	DATE

CONDITIONS OF APPROVAL, IF ANY: