	State of I	New Mexico		$\gamma \gamma \gamma + \gamma \gamma$
Submit 3 copies to Appropriate	Energy, Minerals and Nat		artment	Revised 1-1-89
District Office				7
DISTRI <u>CT I</u>	OIL CONSERVAT	ION DIVISION	N [WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088			30-005-63238
DISTRICT II	Santa Fe, New Mexico	87504 - 2088		5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210				STATE 🗌 FEE 🖂
DISTRICT III				6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410				N/A
SUND	RY NOTICES AND REPOR	TS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name
DIFFERENT	RESERVOIR. USE "APPLICATIO	N FOR PERMIT"		Fred ASY Com.
(FC	ORM C-101) FOR SUCH PROPOSA	LS.)		
1. Type of Well:				
OIL GAS				
Well Well	OTHER			A
2. Name of Operator Yates Petroleum Corporation				8. Well No. 1
3. Address of Operator				9. Pool name or Wildcat Pecos Slope Abo
105 S. 4 th Street, Artesia, NM, 88210 4. Well Location				
Unit Letter <u>B</u> ; 700	Feet From The <u>North</u>	Line and	1. <u>980</u> 1	Feet From TheEast Line
Section 12	Township 58	Range 24E	NMPM	Chaves County
	heck Appropriate Box to Indi		-	
NOTICE OF	INTENTION TO:	St	JBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WO	RK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DE	RILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST A	ND CEMENT JO)B
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	is (Clearly state all pertinent details,	and give pertinent dates	, including estima	ited date of starting any proposed

Yates Petroleum Corporation respectfully requests permission to change the total depth of this well from 4,100' to 5,460'. The production casing will be changed from 4 ½" 10.5# casing to 5 ½" 15.5# casing. The cement volume will be changed to approximately 500 sx. TOC will remain at 3,100' (500' above the Abo formation).

	RI RI ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	A 2001 33 CEIVED A 1 D-ARTESIA 20 ST
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	DATE	1/22/01
TYPE OR PRINT NAME Corv Frederick		TELEPHONE NO.(505)-748-1471
(This space for State Use) ORIGINAL SIGNED SY THE W. CUH DISTRICT N SUPERVISOR		JAN 2 3 2841
APPROVED BY TITLE TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	