			- (15/ N			
To Assert District	State of New Mex	- C	Form C-103	]		
Submit 3 Copies To Appropriate District  Office  Energy, Minerals and Natural Resources			<u> </u>	Revised March 25, 1999		
District I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-005-63509	1		
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			Lease	1	
District III	1220 South St. Francis Dr.			FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Ga	s Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				VA-1834  7. Lease Name or Unit Agreement Name:		
SUNDRY NOTICES AND REPORTS ON WELLS  (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.)  1. Type of Well:			Ten Mile Unit			
Oil Well Gas Well X	Other	/ 2 DC00	8. Well No.		1	
Name of Operator     Yates Petroleum Corpore	ation /	3 2002 25	1			
3. Address of Operator 105 S. 4th Street Artesia, NM 88210  RECEIVED 300 - ARTESIA			9. Pool name or Wildcat			
105 S. 4th Street Artesia, NM 88210			Wildcat Mississip	pian		
	<u></u>	<del>\$}/-</del> -			٦	
4. Well Location	348	31-18:	_			
Unit Letter G: 165	0 feet from the North 1	ine and <u>1650</u>	_ feet from theE			
Section 33	Township 14S Range	28E	111111111111	oves County		
	10. Elevation (Show whether DI		c.)		Ģ	
11 (1 - 1- 1- 1-	3583' ppropriate Box to Indicate Na	ature of Notice	Report or Other	Data	_	
NOTICE OF IN	PPROPRIATE BOX TO MICIETY	SUB	SEQUENT RE	PORT OF:		
	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING	۱ ۲	
PERFORM REMEDIAL WORK		COMMENCE DR		PLUG AND	-	
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST A		ABANDONMENT	4-1	
PULL OR ALTER CASING	COMPLETION	CEMENT JOB				
OTHER:		OTHER: Spud		X		
Describe proposed or completed of starting any proposed work). SEE 3 recompilation.  11/27/02 – TD 10'. Spudded v	RULE 1103. For Multiple Comple	tions. Attach wen	Dore diagram of prof	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OCD.						
I hereby certify that the information	n above is true and complete to the	e best of my knowle	edge and belief.			
SIGNATURE June	TITLE Regula	tory Compliance	<u>e Supervisor</u> DAT	E <u>December 17, 200</u>	<u>2</u>	
Type or print name Jing Hwer	ta		Telephone N	o. 505-748-1471	_	
	Riginal signed by tim w. ( ISTRICT II SUPERVISOR	UM.		JAN 0 6 20	Ħ	
APPPROVED BY Conditions of approval, if any:	TITLE			DATE		