			CISE
Submit 3 Copies To Appropriate District	State of New	Mexico	Form C-103
Office District 1	Energy, Minerals and Natural Resources		s Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II 811 South First, Artesia, NM 88210	OIL CONSERVAT		30-005-63512
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NI	M 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			0. 0
87505 SUNDRY NOTI	ICES AND REPORTS ON WE	ELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPO			
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	JAHON FOR FERWIT (FORM C-1	VI) FOR SOCH	Exacta AXE State
1. Type of Well:		· - 3 450	
Oil Well Gas Well X		* "6"	7 37-1131-
2. Name of Operator	pration $/$ $/$	5003 °	7. Well No.
Yates Petroleum Corpo  3. Address of Operator		RECEIVED RECEIVED	8. Pool name or Wildcat
<del>-</del>	sia, NM 88210	RECENTESIA	Wildcat Precambrian
100 3. 4" 311001 Arto.	31d, 1441 002 10 / 2 0'	RECEIVED CO - ARTESIA	Wilded Heedinbilan
4. Well Location	/'2'/	े	
	£15	0261811191	
Unit Letter <u>B:6</u>	60 feet from the Nort	line and 19	980 feet from the <u>East</u> line
a .: 0	T1::- 100 p	0/5	NIMBM Chaves Comme
Section 9	Township 10S Range 10. Elevation (Show wheth		NMPM Chaves County
	,	810' GR	Th, etc.)
11 Check A			tice, Report or Other Data
	NTENTION TO:		SUBSEQUENT REPORT OF:
	-		- AI TERING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL '	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENC	E DRILLING OPNS. PLUG AND ABANDONMENT
	- MULTIPLE	CASING TE	The state of the s
PULL OR ALTER CASING	COMPLETION	CEMENT JO	— I
			37
OTHER:	(01 1 1 11		erforate and acidize  I give pertinent dates, including estimated date of
starting any proposed work). SEE recompilation.	RULE 1103. For Multiple Co 910'-5916' (24), 5924'-5930 25" on/off tool at 5873'. 20% IC acid.	ompletions: Attach	wellbore diagram of proposed completion or 38' (16), 5948'-5955' (28) for a total of 92
I hereby certify that the information SIGNATURE  Type or print name  Tipo L. Hu  (This space for State 188)	TITLE Regul	atory Complian	nowledge and belief. <u>Ce Supervisor</u> DATE <u>January 29, 2003</u> Telephone No. 505-748-1471 <b>FEB - 5 20</b>
1/4/	DISTRICT H SUPERVIOL	Ŕ	
APPPROVED BY	TI	TLE	DATE
Conditions of approval, if any:			