Submit 3 Copies to Appropriate District Office	St	State of New Mexico			Form C-103		
ISTRICT   Energy, Minerals and			Natural Resources		Revised March 25, 1999		
DISTRICT II				WELL A	30-025-36557		
DISTRICT III					5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec NM 87410	Salita Fe, New Mexico 07304-2000				STATE X FEE		
DISTRICT IV  1220 S. St. Francis Dr., Santa Fe, NM 87505					V-2443		
<b>1</b>						greement 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.)					Lotus ALT State		
1. Type of Well:  Oil Well X Gas Well Other							
					8 OGRID Number		
Yates Petroleum Corporation					25575		
1					. Pool Name or Wildcat		
	05 South 4th Str., Arte	esia, NM	88210	Living	iston Ridge;	Delaware, SE	
4. Well Location Unit Letter L : 198	30 feet from the S	outh	line and 330	feet from	m the We	est line	
Section 32			32E NMPM		County	Lea	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3526' GR					Ten.		
11. Check Appropriate	Box to Indicate Nature of		eport, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK AL				G CASING		
TEMPORARILY ABANDON	CHANGE PLANS	$\supset$ $ $	COMMENCE DRILLING OPNS.	PLUG AN	D ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB				
OTHER:		<b>¬</b>	OTHER:	Spud		X	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date							
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion							
or recompilation.							
4-19-04 Spudded well @ 8:00 p.m. Notified Sylvia Dickey w/Hobbs NMOCD via voice mail. Set 40' of 20"							
conductor.							
				/	(189701772	77	
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				/8	Hobbs OCD	6/ No./	
				393031	UUU	<u> </u>	
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					636 AG	a mark	
Thereby certify that the inform	iation above a true and comp						
SIGNATURE	mi Dans	TITLE	Regulatory Compliance T	echnician	_ DATE	5/5/04	
	ormi Davis				Telephone No. 5	05-748-1471	
(This space for State use)	1.11				MAV	1 2 000	
APPROVED BY	ywww.	TITLE_O	C FIELD REPRESENTATION	 /F   /९७४६६७	DATE MAI WANAG <b>ER</b>	1 3 2004	
Conditions of approval, if any:	U		,	- 17 S 17-0 C 1	WINAGER		