Submit 3 Copies to Appropriate District	State of Ne	ew Mexico	Form C-103		
DISTRICT	Energy, Minerals and	1 Natural Resources	Revised June 10, 2003		
1625 N. French Dr., Hobbs NM 88240	Energy, minerale and Mataral Recourses		WELL API NO.		
DISTRICT II 1301 W. Grand Avenue, Artesia NM 88210	OIL CONSERVA	TION DIVISION	30-025-36523		
DISTRICT III			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New Mexico 87504-2088		STATE 🕱 FEE		
DISTRICT IV			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			VO-1611		
SUNDRY N	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSA					
DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	Lagarto AMZ State				
1. Type of Well:			8. Well Number		
Oil Well Gas Well X	Other		2		
2. Name of Operator	9. OGRID Number				
Yates Petroleum Corporation		25575			
3. Address of Operator	10. Pool Name or Wildcat				
			Sand Springs; Atoka-Morrow (Gas)		
4. Well Location					
Unit Letter <u>J</u> : 1890 fee	t from the South	line and1980	feet from the <u>East</u> line		
Section <u>1</u> Towns	ship <u>11S</u> Range _	34ENMPM	County Lea		
11. Elevation	on (Show whether DF, RKB	, RT, GR, etc.)			
	4180' GR				
12. Check Appropriate Box to Ir	ndicate Nature of Notice	, Report, or Other Data			
NOTICE OF INTEN	T REPORT OF:				
PERFORM REMEDIAL WORK	GAND ABANDON		ALTERING CASING		
TEMPORARILY ABANDON CHAN	NGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING MULT		CASING TEST AND CEMENT JOB]		
OTHER:		OTHER: Completio	n Operations X		

 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.

5-5-04 to 5-19-04

Perforated Basal Morrow 12244-12273' and acidized w/2500 gal 7-1/2% Morrow acid w/1000 SCF N2/bbl and 125 ball sealers. Frac'd w/50000 gal 40# Medallion 40Q foam w/55500# 20/40 Carboprop.



Thereby certify that	the information ab	ve is true and corr	plete to the be	est of my knowledge and belief.		
SIGNATURE	tormail	danis	TITLE	Regulatory Compliance Technician	DATE	5/26/04
Type or print name	Stormi Davis		Email address		Telephone No.	505-748-1471
(This space for State us	se)	2 4				
APPROVED BY	Pan	Stall all	TITLE		PATEA	0.000
Conditions of approval,	if any:	yes of				9 2004