Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	30-025-36713  5. Indicate Type of Lease  STATE ☑ FEE □  6. State Oil & Gas Lease No.  VO-6057
(DO NOT USE THIS FORM FOR PROPO	TICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH  Gas Well	7. Lease Name or Unit Agreement Name  Dolly BER State Com  8. Well Number
Name of Operator     Yates Petroleum Corporat     Address of Operator     105 S. 4 <sup>th</sup> Street, Artesia,      Well Location		9. OGRID Number 025575 10. Pool name or Wildcat Sand Springs; Mississippian (Gas)
Unit Letter M :  Section 34	660 feet from the South line and Township 10S Range 34E	660 feet from the West line  NMPM Lea County
Pit or Below-grade Tank Application	11. Elevation (Show whether DR, RKB, RT, GR, et 4201' GR	
	er Distance from nearest fresh water well l	Distance form a surface with
	Below-Grade Tank: Volume bbls;	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF II PERFORM REMEDIAL WORK  TEMPORARILY ABANDON PULL OR ALTER CASING	PLUG AND ABANDON  REMEDIAL WO	RILLING OPNS. P & A
OTHER:	□ OTHER:	Production Casing
13. Describe proposed or com	pleted operations. (Clearly state all pertinent details, a	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 recompletion.		293037
		172 P. J.
8-2-04 TD 8-3/4" hole to 12845' @ 11:00 a.m. Set 5-1/2" 17# casing @ 12845'. Cemented w/1450 sx-Interful H w/additives. Tailed in w/1580 sx Permian Basin Super H w/additives. Calculated TOC is 3750'.		
		COST 81 21 91 81 WY COLLY
		8171 91 31
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .		
SIGNATURE Sloven	TITLE Regulatory Compl	liance Technician DATE 8-9-04
Type or print name Stormi D For State Use Only		Telephone No
APPROVED BY: Man /// Conditions of Approval (if any):	Mian OCIDISTRICT SUPERVISOR/C	DAYG 1 2 2004