Submit 3 copies to Appropriate District Office	State of	New Mexico	Form C-103
DISTRICT I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs NM 88240 DISTRICT II	OIL CONSERV	WELL API NO.	
1301 W. Grand Avenue, Artesia NM 88210  DISTRICT III	1220 South	30-025-36256 5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec NM 87410 Santa Fe, New Mexico 87504-2088			STATE X FEE
DISTRICT IV			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			V-5305
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well:			Waylon State Unit
Oil Well Gas Well X Other			,
2. Name of Operator			8. Well No.
Yates Petroleum Corporation  3. Address of Operator			1
105 South 4th Str., Artesia, NM 88210			9. Pool Name or Wildcat Wildcat S113411J; Miss (Gas)
4. Well Location			
Unit Letter L : 1700	feet from the South	line and660	feet from the West line
Section 14	Township 11S Range	34E NMPM	County Lea
10.	Elevation (Show whether DF, RKE 4155' GR	B, RT, GR, etc.)	Here is a second of the second
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Spi	ud X
<ul> <li>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.</li> <li>4-29-03 Spudded well @ 12:00 p.m. Hole size = 12-1/4". Notified Sylvia Dickey w/Hobbs OCD.</li> </ul>			
Thereby certify that the informat	ion ab <b>§</b> ve a true and complete to th		(19181415171)
SIGNATURE Starm	TITLE	Regulatory Compliance Techni	cian DATE 5/14/03
Type or print name Stor	mi Davis	, , , , , , , , , , , , , , , , , , , ,	Telephone No. 505-748-1471
(This space for State use)			130phone 110. 300-110-1111
Conditions of approval, if any:  DATE MAY 2 1 2003			