Submit 3 copies to Appropriate District Office	State of N	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		WELL API NO.			
1301 W. Grand Avenue, Artesia NM 88210 DISTRICT III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			30-025-36258	
1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New Mexico 87504-2088		STATE X	5. Indicate Type of Lease STATE X FEE	
DISTRICT IV	Janua 1 e, 14ew Mexico 07504-2000		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				5303	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	nit Agreement Name	
	ROPOSALS TO DRILL OR TO DEEPEN (PPLICATION FOR PERMIT" (FORM C-10				
1. Type of Well:			Twain BCW State		
Oil Well Gas Well X Other			, want E	orr oldio	
2. Name of Operator			8. Well No.		
Yates Petroleum Corporation			0. 110110.	1	
3. Address of Operator			9. Pool Name or Wildcat		
108	5 South 4th Str., Artesia, N	M 88210	Wildcat S1134	111J; Miss (Gas)	
4. Well Location					
Unit Letter D : 760	feet from the North	line and 660	feet from the	West line	
Section 12	Township 11S Range	34E NMPM	County	Lea	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4133' GR					
11. Check Appropriate Bo	ox 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		
	CHANGE PLANS MULTIPLE	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMEN	·т Ц	
PULL OR ALTER CASING	COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		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.					
4-29-03 Spudded well @ 12:00 p.m. Hole size = 12-1/4". Notified Sylvia Dickey will hobbs OCD.					
4-29-03 Spudded well @ 12:00 p.m. Hole size = 12-1/4". Notified Sylvia Dickey will obbs OCD.					
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			26111016	31	
Thereby certify that the informat	ion above a true and complete to the	e best of my knowledge and belief.			
SIGNATURE	TITLE_	Regulatory Compliance Tec	hnician DATE	5/14/03	
Type or print name Stor	mi Davis				
(This space for State use)	1 1. 1	TO THE TIME HICTAR	Telephone No.	505-748-1471	
APPROVED BY	u. l.) Wink MCFI	ELD REPRESENTATIVE II/STAF	DATE	MAY 2 1 2003	
Conditions of approval, if any:			DATE	~ 1 /UU3	