Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-36785
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE   FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VA-1797
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	CICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name  Dempster State Unit
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 2
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporat  3. Address of Operator	10n	025575 10. Pool name or Wildcat
105 S. 4 <sup>th</sup> Street, Artesia,	NM 88210	Dempster Mill; Mississippian (Gas)
4. Well Location Unit Letter N:	1980 feet from the South line and	1150 feet from the West line
Section 31	Township 11S Range 36E	NMPM Lea County
Pit or Below-grade Tank Application	11. Elevation (Show whether DR, RKB, RT, GR, etc. 4067' GR	c.)
	or Closure [_] er Distance from nearest fresh water well D	Nictanaa from noorest surfees water
Pit Liner Thickness: mil		Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	PLUG AND ABANDON REMEDIAL WO CHANGE PLANS COMMENCE DI	RILLING OPNS. P & A
OTHER:	☐ OTHER:	Production Casing
13. 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 recompletion.		
	30 p.m. (8-3/4" hole). Set 5-1/2" 17# casing @ 13165 H" w/additives. TOC calc @ 3900'.	
		Go and belief. I further certify that any pit or below-
		OF THE LINE ST
		18151319 16 15 15 15 15 15 15 15 15 15 15 15 15 15
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	TITLE Regulatory Compl	iance Technician DATE 10-12-04
Type or print name Stormi D	E-mail address:	Telephone No. <u>505-748-1471</u>
APPROVED BY: Hay Conditions of Approval (if and):	U. Wink PRIEELD REPRESENTATION	OCT 1 8 2004 VEII/STAFF MANAGDATE