Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-36684
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		VO-5470
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		7. Lease Name or Unit Agreement Name
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Willie State Unit
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number
Name of Operator Yates Petroleum Corporation	ion	9. OGRID Number 025575
3. Address of Operator	NTM (00210	10. Pool name or Wildcat
105 S. 4 th Street, Artesia,	NM 88210	Ranger Lake; Atoka, North
4. Well Location Unit Letter A:		950 feet from the East line
Section 6	Township 12S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.,	NMPM Lea County
4147' GR		
Pit or Below-grade Tank Application		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P & A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER:	□ OTHER:	Recompletion 🖂
13. Describe proposed or comp	oleted operations. (Clearly state all pertinent details, an ork). SEE RULE 1103. For Multiple Completions: At	d give pertinent dates, including estimated date
5-26-05 Frac Atoka w/54000 gal 40# Medallion 40Q foam w/48000# 30/50 Interprop.		
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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 Compliance Technician DATE 6-6-05		
Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471 For State Use Only		
APPROVED BY: January Wink OC FIELD REPRESENTATIVE 11/STAFF MANAGER DATE UN 1 0 2005		
Conditions of Approval (if any):		