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		WELL API NO.		
1301 W. Grand Avenue, Artesia NM 8821			30-025-36077	
DISTRICT III 1000 Rio Brazos Rd., Aztec NM 87410			5. Indicate Type of Lease STATE X FEE	
DISTRICT IV		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Un	it Agreement Name
(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.)				
1. Type of Well:			Dempster BBP State	
Oil Well Gas Well X Other				
2. Name of Operator			8. Well No.	
Yates Petroleum Corporation 3. Address of Operator			9. Pool Name or Wildcat	
105 South 4th Str., Artesia, NM 88210			Wildcat Mississippian	
4. Well Location				
Unit Letter N : 66	60 feet from the South	line and 1980	feet from the	West line
Section 30	Township 11S Range	36E NMPM	County	Lea
11	0. Elevation (Show whether DF, RKE	3, R1, GR, etc.)	4 /4 4	
11 Chaok Appropriets	4064' GR	Danast as Other Data	4	1994 A 1485 PM
• • • •	Box to Indicate Nature of Notice	•	T 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: Dr	rilling	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 Drilled 5' of new hole (12-1/4"). TD = 40'. Notified Sylvia Dickey w/Hobbs OCD.				
			//	011213141510
			/305	\` '``
			/s	0 50 O20 60
			15	71,9904
			3	~~~~~~~~!
			12/	
				ر کرک
			15.	DE 67 27 27 37 50
				DE 65 85 15 97 97 97 97
Thereby certify that the inform	nation above a true and complete to th	e best of my knowledge and belief.	<u> </u>	
SIGNATURE Storn	TITLE	Regulatory Compliance Tech	nnician DATE	4/29/03
Type or print name St	ormi Davis		Tolonhone Ne	EOE 740 1471
(This space for State use)	A A		Telephone No.	505-748-1471
ABBROVED BY 9/2 () /) DETITE				
Conditions of approval, if any: OTHELD REPRESENTATIVE 11/STAFF MANAGER WAY 0 2 2003				
	V			