Submit 3 copies to Appropriate District Office	State of Ne	ew Mexico		Form C-103
<u>DISTRICT I</u>	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	OIL CONSERVATION DIVISION		30-025	
DISTRICT III  1000 Rio Brazos Rd., Aztec NM 87410	1220 South St. Francis Dr. Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lea	
DISTRICT IV	Santa Fe, New Mexico 07504-2000		STATE X  6. State Oil & Gas Leas	FEE L
1220 S. St. Francis Dr., Santa Fe, NM 87505	,			
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"			7. Lease Name or Unit	Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.  1. Type of Well:			Mocha S	tate Unit
Oil Well Gas Well X Other				
2. Name of Operator		***	8. Well No.	
Yates Petroleum Corporation			2	
3. Address of Operator			9. Pool Name or Wildca	
	5 South 4th Str., Artesia, N	M 88210	Wildcat Mis	ssissippian
4. Well Location Unit Letter N : 900	feet from the South	line and 1350 fee	et from the West	line
Section 33	Township 12S Range	34E NMPM	County	Lea
10.	Elevation (Show whether DF, RKB, 4173' GR	, RT, GR, etc.)		
11. Check Appropriate Bo	ox to Indicate Nature of Notice	, Report, or Other Data		
NOTICE OF	INTENTION TO:	SUBSEQUENT	Γ 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	CASING TEST AND CEMENT JOB	1	
	COMPLETION	<u> </u>		
OTHER:		OTHER: Production	on Casing	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.				
5-5-03 TD 8-3/4" hole to 12800'. Ran 5-1/2" 17# and 20# casing set @ 12800'. Cemented w/1475 sx Super H w/additives. TOC calculated @ 8500'.				
			21101.68 LV	3 19 20 27 123 24 25 25 25 25 25 25 25 25 25 25 25 25 25
I hereby certify that the intermed	tion apove a true and complete to the	a boot of my localists	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	06.80
SIGNATURE SIGNATURE	TITLE	Regulatory Compliance Tech	nician DATE	5/8/03
Type or print name Stor	rmi Davis		Telephone No.	505-748-1471
(This space for State use)  APPROVED BY  Conditions of approval, if any:	y w. Wing Stiffer	LD REPRESENTATIVE II/STAFF	MANAGER  DATE	MAY 1 5 2003