Submit 3 copies to Appropriate District Office	State of I	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	WE			LL API NO.	
1301 W. Grand Avenue, Artesia NM 88210	V. Grand Avenue, Artesia NM 88210 OIL CONSERVATION DIVISION			30-025-28769	
				ndicate Type of Lease STATE FEE X	
Santa Fe, New Mexico 67504-2066				STATE FEE X	
1220 S. St. Francis Dr., Santa Fe, NM 87505				1.000 1.10.	
				nit 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:			Glenn Clev	Glenn Cleveland AFR	
Oil Well X Gas Well Other					
			Well No.		
Yates Petroleum Corporation			2		
3. Address of Operator 105 South 4th Str., Artesia, NM 88210			Pool Name or Wildcat Morton Wolfcamp		
4. Well Location				Worten Woncamp	
Unit Letter J : 2080	feet from the South	line and 2080	feet from the	East line	
				Last	
	Township 15S Range	35E NMPM	County	Lea	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4034' GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMEN	т 🔲	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER:			
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.					
Propose to TA as follow	we.				
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•	t. NDWH and NU BOP.		.4, 1		
2) Set CIBP @ 9550' and cap w/35' cement.				*	
3) Test casing integrity	to 500 psi for 15 minutes	•		and HOD	
	^\	41	: E	":FD	
BOMIN			, gen	Frunts	
			•	000	
				:8:2:410 ^{1,6}	
V	n above a true and complete to the	e best of my knowledge and belief.			
SIGNATURE Sorme	TITLE	Regulatory Compliance Technic	cian DATE	6/23/03	
	ni Davis		Telephone No.	505-748-1471	
(This space for State use)	1.1.1	C FIELD REPRESENTATIVE II/STAI	FF MANAGER		
APPROVED BY			DATE	DATEM IN CO.	
Conditions of approval, if any:				— DATEJUN 2 5 2003	