Submit 3 copies to Appropriate District Office	State o	of New Mexico	Form C-103
DISTRICT I 1625 N. French Dr., Hobbs NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999
DISTRICT II		WELL API NO.	
1301 W. Grand Avenue, Artesia NM 882 DISTRICT III		30-025-36253	
1000 Pio Brazos Pd. Aztec NM 97410			5. Indicate Type of Lease STATE X FEE
DISTRICT IV	Janua 1 3, 1131	. Mexico 07004-2000	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 8	7505		V-5302
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  PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well:			Strait State Unit
Oil Well Gas Well X Other			Otrait State Offit
2. Name of Operator 8. Well No.			8 Wall No
Yates Petroleum Corporation			o. Weil No.
			9. Pool Name or Wildcat
105 South 4th Str., Artesia, NM 88210			Sand Springs Mississippian
4. Well Location			
Unit Letter i 19	980 feet from the South	line and 660	feet from the <u>East</u> line
Section 33	Township 10S Rang		County Lea
	10. Elevation (Show whether DF, R	KB, RT, GR, etc.)	
	4209' GR		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	DI LIC AND ADAMPONINTALE
PULL OR ALTER CASING	MULTIPLE		PLUG AND ABANDONMENT
L	COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Production	n 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.  7-10-03 TD 8-3/4" hole to 12840' @ 9:00 p.m. Ran 5-1/2" 17# casing set @ 12840'. Cemented w/1350 sx Interfill H. Tailed in w/1450 sx Super H w/additives.			
()	<i>[</i> \ 1	the best of my knowledge and belief.	
SIGNATURE	maricon TITL	E Regulatory Compliance Technic	cian DATE 7/15/03
Type or print name S1 (This space for State use)	tormi Davis		Telephone No. 505-748-1471
J	1, 1-12		III 4 0 0000
APPROVED BY Conditions of approval, if any:	my W. With TITL	E	DATE JUL 1 8 2003