Submit 3 copies to Appropriate District Office	State	e of New Mexico			Form C-103
DISTRICT I	Energy, Minerals and Natural Resources			Revised March 25, 1999	
OCS N. FIGHALI D.I., FIOLOS NIM GOZAU			WEL	WELL API NO.	
1301 W. Grand Avenue, Artesia NM 88210 DISTRICT III	4000 0 11 01 5			30-025-36136	
1000 Rio Brazos Rd., Aztec NM 87410 Santa Fe, New Mexico 87504-2088				STATE X FEE	
DISTRICT IV		-		ate Oil & Gas Le	
1220 S. St. Francis Dr., Santa Fe, NM 8750					2443
(DO NOT USE THIS FORM FOR P	SUNDRY NOTICES AND REPOI PROPOSALS TO DRILL OR TO DEE APPLICATION FOR PERMIT" (FOR	PEN OR PLUG BACK TO A	7. Le	ase Name or Un	it Agreement Name
PROPOSALS.)		·		1 -4 01	T 04-4-
1. Type of Well: Oil Well X Gas Well Other				Lotus ALT State	
Name of Operator Ya	ates Petroleum Corpora	ition	8. We	ell No.	5
3. Address of Operator			9. Po	ol Name or Wild	cat
	05 South 4th Str., Artesi	a, NM 88210	SE	Livingston I	Ridge Delaware
4. Well Location Unit Letter E : 231	0 feet from the Nor	th line and 3	30 feet	from the	West_line
Section 32	Township 22S Rai	nge 32E NMPM		County	Lea
10	Elevation (Show whether DF, 3521' GR	<u> </u>	etp.		The second
11. Check Appropriate B	Box to Indicate Nature of N	otice, Report, or Other D	ata		10.00
NOTICE OF	INTENTION TO:	SUE	SSEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS. PLUG	AND ABANDONMENT	r
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEME	NT JOB		
OTHER:	- COMPLETION	OTHER:	Completion Opera	atione	X
12 Describe proposed or com	pleted operations. (Clearly state				_
of starting any proposed w or recompilation.	ork). SEE RULE 1103. For Mul	tiple Completions: Attach wel	pertinent dates, inclu- lbore diagram of prop	aing estimated da osed completion	ate
6-27-03 Perforated 83	348-52' (5) and 8370-90)' (21). Frac w43000 c	aal 20# X-link ge	el. 2000 gal 7	7-1/2%
IC/HCI, 32000# 20/40	Ottawa and 50500# 20	/40 Super L/C.	, 5	, 	
2 7/9" tubing @ 02041					
2-7/8" tubing @ 8391'					〒月日7077 ₇₀
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				/s A	. 902
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				\\&	OCD
				18	
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1335426
Thereby certify that the information	ation above a true and complete	to the best of my knowledge a	and belief.		
SIGNATURE 1					
	Theres TI		oliance Technician	DATE	7/9/03
Type or print name Sto	_ \ _		oliance Technician	DATE Telephone No.	7/9/03 505-748-1471
	Theres TI		oliance Technician		
Type or print name Sto	ormi Davis				

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