District	Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103	
District	District I	Energy, Minerals and Natural Resources	May 27, 2004	
1000 Kab Dates Rd, Azies, NM 87410   1220 South St. Francis Dr. Santa Fe, NM 87505   Santa			1	
1220 South St. Francis Dr.   STATE   FE   Dancis IV   Santa Fe, NM 8705   Santa Fe,				
Samil Pc, NM 67903   6. Sante Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WELLS  CDO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFFEN OR PLUE BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PREPARIT CHOME. COLO) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other		Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS   7. Lease Name or Unit Agreement Name   100 NOT USE THIS FORM FOR PROPOSALS TO BAILLOR TO DEEPEN RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   1   2. Name of Operator   9. OGRID Number   1   2. Name of Operator   9. OGRID Number   1   9. OGRID Number   1   10. Food name or Wildcast   5. R.R.; Upper Penn   1   10. Food name or Wildcast   5. R.R.; Upper Penn   10. Food name or Wildcast   5			VO-6117	
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPEND OR PLUG BACK TO A DISPERBANT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10)) FOR SUCH   Saiala BBA State		ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
Roperson   Section   Sec				
1. Type of Well: Oil Well   Gas Well   Other		CATION FOR PERMIT" (FORM C-101) FOR SUCH		
Vates Petroleum Corporation   0.25575		Gas Well Other	8. Well Number	
Vates Petroleum Corporation   0.25575	2 Name of Operator		Q OGRID Number	
10. Pool name or Wildcat   10. S.R.R.; Upper Penn		ion		
Well Location	3. Address of Operator			
Unit Letter M : 330 feet from the South line and 330 feet from the West line Section 14 Township 98 Range 32E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  4218' GR  Pit or Below-grade Tank Application D or Clears   Distance from nearest fresh water well   Distance from nearest surface water   Pit Uner Thickness:   mil   Below-Grade Tank: Volume   bbls; Construction Material    12. 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   COMMENCE DISTULLING OPIS.   P&A   CASING/CEMENT JOB    OTHER:   OTHER:   Recompletion Operations   MULTIPLE COMPL   CASING/CEMENT JOB   OTHER:   Recompletion of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  8-11-06 Set 5-1/2" CIBP @ 9995'. Capped w/35' cement.  8-14-06 Perforated Strawn 9780-98' (76), 9806-12' (28) and 9820-26' (28) w/total of 132 .42" holes.  8-15-06 Acidized Strawn w/2500 gal 7-1/2% Morrow acid w/150 balls.  8-16-06 Set 5-1/2" CIBP @ 9750' and capped w/35' cement. Perforated Upper Penn 9182-9204' (46) and 9254-72' (38) w/total of 84 A2" holes.  8-22-06 Acidized Upper Penn w/2500 gal 15% NEFE w/95 balls.  Ihereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines   a general permit   or an (attached) alternative OCD-approved plan   SIGNATURE   TITLE Regulatory Compliance Technician   DATE 8-29-06   DATE   SEP 06   2006   DATE   SEP 06		NM 88210	S.R.R.; Upper Penn	
Section   14   Township   9S   Range   32E   NMPM   Lea   County	4. Well Location	Add Hell		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)   4218' GR	Unit Letter M:	330 feet from the South line and	330 feet from the West line	
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Pit type				
Distance from nearest fresh water well   Distance from nearest surface water   Pit Liner Thickness:   mil   Below-Grade Tank: Volume   bbls; Construction Material	4218' GR			
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:	Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P & A   CASING/CEMENT JOB   P & A   CASING/CEMENT JOB   P & A   CASING/CEMENT JOB   P & A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P & A   CASING/CEMENT JOB   P & A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P & A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P & A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P & A   P	Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
PERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  P& A DULL OR ALTER CASING  MULTIPLE COMPL  COMMENCE DRILLING OPNS.  P& A DULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB    OTHER:  Recompletion Operations  To of starting any 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 recompletion.  8-11-06 Set 5-1/2" CIBP @ 9995'. Capped w/35' cement.  8-14-06 Perforated Strawn 9780-98' (76), 9806-12' (28) and 9820-26' (28) w/total of 132 .42" holes.  8-15-06 Acidized Strawn w/2500 gal 7-1/2% Morrow acid w/150 balls.  8-16-06 Set 5-1/2" CIBP @ 9750' and capped w/35' cement. Perforated Upper Penn 9182-9204' (46) and 9254-72' (38) w/total of 84 .42" holes.  8-22-06 Acidized Upper Penn w/2500 gal 15% NEFE w/95 balls.  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines  a general permit or an (attached) alternative OCD-approved plan  SIGNATURE  TITLE Regulatory Compliance Technician DATE 8-29-06  Type or print name  Stormi Davis  E-mail address:  stormid@ypcnm.com  Telephone No. 505-748-1471  For State Use Only  APPROVED BY:  Main Manager  SEP 0 6 2006	12. Check	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data	
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TEMPORARILY ABANDON				
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    OTHER: Recompletion Operations   Multiple Completed operations   OTHER: Recompletion Operations   Multiple Completed operations   OTHER: Recompletion operations   Multiple Completions   OTHER: Recompletion operations   Multiple Completions   Attach wellbore diagram of proposed completion or recompletion.  8-11-06 Set 5-1/2" CIBP @ 9995'. Capped w/35' cement.  8-14-06 Perforated Strawn 9780-98' (76), 9806-12' (28) and 9820-26' (28) w/total of 132 .42" holes.  8-15-06 Acidized Strawn w/2500 gal 7-1/2% Morrow acid w/150 balls.  8-16-06 Set 5-1/2" CIBP @ 9750' and capped w/35' cement. Perforated Upper Penn 9182-9204' (46) and 9254-72' (38) w/total of 84 .42" holes.  8-22-06 Acidized Upper Penn w/2500 gal 15% NEFE w/95 balls.  Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines  , a general permit   or an (attached) alternative OCD-approved plan  .  SIGNATURE TITLE Regulatory Compliance Technician DATE 8-29-06  Type or print name Stormi Davis   E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471  For State Use Only  APPROVED BY: Mail Mail Mail All Mail All Mail All Mail All Mail All Mail Mail Mail Mail Mail Mail Mail Ma			<del></del>	
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TITLE Regulatory Compliance Technician DATE 8-29-06  Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471  For State Use Only  APPROVED BY: DATE SEP 0 6 2006	8-22-00 Acidized Opper Pelli W/2.	ou gai 15% NETE W/95 balls.		
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Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471  For State Use Only  APPROVED BY: DATE SEP 0 6 2006	SIGNATURE A	TITLE Perulatory Comp	liance Technician DATE 9 20 06	
APPROVED BY: SEP 0 6 2006	Sidney Control	TITLE Regulatory Comp	mance recinician DATE 8-29-00	
APPROVED BY: Mo Ulliam TITE MERICT CHIPEPURGOR GENERAL MANAGER SEP 0 6 2006	Type or print name Stormi D	avis E-mail address: stormid@yr	cnm.com Telephone No 505-748-1471	
ATROVED BI. DATE	For State Use Only		<u>-</u>	
ATROVED BI. DATE	ADDDOVED BY.	All and the state of the state	SEP 0 6 2006	
	Conditions of Approval (if any):	Marie Mister I	DATE	