Submit 3 copies to Appropriate District Office	State of	New Mexico		Form C-103	
DISTRICT (1625 N. Franch Dr., Hobbs NM 88240	Energy, Minerals and Natural Resources		INCL. ABIND	Revised March 25, 1999	
DISTRICT II	OIL CONSERV		WELL API NO.		
1301 W. Grand Avenue, Artesia NM 88210 DISTRICT III		St. Francis Dr.	5. Indicate Type of Le	-28994	
1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New I	Mexico 87504-2088	STATE	FEE X	
DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	i i		6. State Oil & Gas Le	ase No.	
	UNDRY NOTICES AND REPORTS		7. Lease Name or Un	it Agreement Name	
(DO NOT USE THIS FORM FOR PE DIFFERENT RESERVOIR. USE "A PROPOSALS.)	ROPOSALS TO DRILL OR TO DEEPEN APPLICATION FOR PERMIT" (FORM C-1	OR PLUG BACK TO A 01) FOR SUCH			
1. Type of Well:			Shir	Shipp ZI	
Oil Well X Gas Well Other			·	'	
2. Name of Operator	8. Well No.				
Yates Petroleum Corporation 3. Address of Operator			9 Pool Name or Wild	9. Pool Name or Wildcat	
•	5 South 4th Str., Artesia, N	IM 88210		Penn Northeast	
4. Well Location					
Unit Letter D : 660	feet from the North	line and1100	feet from the\	West line	
Section 27	Township 16S Range	37E NMPM	County	Lea	
	Elevation (Show whether DF, RKE 3786.5' GR	,			
	ox to Indicate Nature of Notice	e, Report, or Other Data			
· · · · · · · · · · · · · · · · · · ·	INTENTION TO:	SUBSEQUE	ENT 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 COMPLETION	CASING TEST AND CEMENT JOB	X		
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.					
5-1/2" retainer @ 8000	et RBP @ 11400'. Leak be '. Pumped 50 sx H w/addi 3020 psi and held. Drilled and TOH.	tives and 100 sx H Neat.	Staged 2 times. Pun	nped 150 sx	
0-4	tion above a true and complete to the	e best of my knowledge and belief.			
SIGNATURE	TITLE	Regulatory Compliance Te	echnician DATE	8/28/03	
	mi Davis		Telephone No.	505-748-1471	
(This space for State use) APPROVED BY		LD REPRESENTATIVE II/STA			
Conditions of approval, if any:	y W. Winfollie		DATE_SE	P 0 3 2003	