Submit 3 copies to Appropriate District							Form C-103	
Office DISTRICT I					Revised March 25, 1999			
IZS N. French Dr., Hobbs NM 88240					WELL API	WELL API NO.		
1301 W. Grand Avenue, Artesia NM 88210 OIL CONSERVATION DIVISION					E Indicato	30-025-36256		
1000 Rio Brazos Rd., Aztec NM 87410 Santa Fe, New Mexico 87504-2088						5. Indicate Type of Lease STATE X FEE		
<u>DISTRICT IV</u>						6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					7 1 1	V-5305 7. Lease Name or Unit Agreement Name		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7. Lease N	ame or Unit	Agreement Name	
1	" APPLICATION FOR PERMIT" (F	ORM C-101) F	OR SUCH					
PROPOSALS.) 1. Type of Well:						Waylon State Unit		
Oil Well Gas We	ell X Other					•		
2. Name of Operator					8. Well No.			
Yates Petroleum Corporation						1		
3. Address of Operator 105 South 4th Str., Artesia, NM 88210						me or Wildo	at 1J; Miss (Gas)	
4. Well Location	,	,				- 4		
Unit Letter L: 170	00 feet from the S	outh	line and _	660	feet from t	he <u>V</u>	Vest line	
Section 14	·			NMPM		County	Lea	
10	0. Elevation (Show whether but 4155' GR		T, GR, etc.)		· #		
11. Check Appropriate	Box to Indicate Nature o		eport, or	Other Data				
NOTICE OI	F INTENTION TO:	1	•	SUBSEQUE	NT REPORT	OF:	•	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	\Box	REMEDIAL W	ORK	ALTERING CA	ASING		
TEMPORARILY ABANDON	CHANGE PLANS	∃	COMMENCE	DRILLING OPNS.	PLUG AND A	BANDONMENT		
PULL OR ALTER CASING	MULTIPLE	╡	CASING TES	FAND CEMENT JOB	Ħ			
OTHER:	COMPLETION L	=	OTHER:	Drillir	ng Operations		X	
	mpleted operations. (Clearly s	tate all portir	-	······································		etimated da		
	work). SEE RULE 1103. For			-			ie –	
or recompilation.	,	•	•	J		·		
0.07.00 D.W. L.M. 6				0 1 1 51 1	"		548 BALDS	
8-27-03 Drilled 5' of	new hole (12-1/4"). T) = 40'. N	Notified :	Sylvia Dickey v	v/Hobbs OCL). _{خۇن} ىز	10	
							~ C	
							Ser	
							S	
							4 7 30	
						18		
						16.65	Andrew Control	
							F01502p	
Thereby certify that the inform	mation above a true and comp	lete to the be	est of my ki	nowledge and belief	•			
SIGNATURE	man Danier	TITLE		ory Compliance T		DATE	8/28/03	
Type or print name St	tormi Davis				Tel	ephone No.	505-748-1471	
(This space for State use)	1	hæs	IEI D PE	RESENTATIVE II	ISTAFF MANA	GER	CED 0.9 Juna	
APPROVED BY	Jany W. Wi	WHIE _	ILEL/ Nat	IMPOSITE AT A	····	DATE	SEP 0 3 2003	
Conditions of approval, if any:	X							