Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-37920
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE STATE STATE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 C, IVIVI 07505	6. State Oil & Gas Lease No. VA-2150
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Former State Unit
PROPOSALS.)		Faron State Unit  8. Well Number
1. Type of Well: Oil Well	Gas Well  Other	2
Name of Operator     Yates Petroleum Corpora	ion	9. OGRID Number 025575
3. Address of Operator		10. Pool name or Wildcat
105 S. 4 <sup>th</sup> Street, Artesia,	NM 88210	Wildcat Mississippian (Gas)
4. Well Location Unit Letter L:	1650 feet from the South line and	660 feet from the West line
Section 5	Township 9S Range 32E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
4415' GR		
Pit or Below-grade Tank Application or Closure		
1	er Distance from nearest fresh water well Dis	<u> </u>
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WOR	<u> </u>
TEMPORARILY ABANDON  PULL OR ALTER CASING		<del></del>
		<del>-</del>
OTHER: Drilling   13. 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 recompletion.  2-20-07 Made 5' of new hole. TD=70'. Notified Sylvia Dickey w/Hobbs NMOCD via email.		
or recompletion.		0302122233
2 20 07 34-1-52 -61-1- TD	70) N. (C. 10.1 ' D' 1	
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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 of closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .		
SIGNATURE	TITLE Regulatory Complia	nce Technician DATE 2-22-07
	THE Regulatory Compila	mee recumeran DATE 2-22-0/
Type or print name Stormi D		m.com Telephone No. <u>505-748-1471</u>
For State Use Only	\	MANAGER
APPROVED BY: (au 1)	. With TITLE DEPRESENTATI	VE II/STAFF NO.
Conditions of Approval (if any):	. Wink TITLE OC FIELD REPRESENTATIVE	DATE MAR 0 : 2007