Office	State of	State of New Mexico		Form C-103	
DISTRICT I 1625 N. French Dr., Hobbs NM 88240	Energy, Minerals	Energy, Minerals and Natural Resources WELL.		Revised March 25, 1999	
DISTRICT II 1301 W. Grand Avenue, Artesia NM 8		OIL CONSERVATION DIVISION		35964	
DISTRICT III  1000 Rio Brazos Rd., Aztec NM 87410	o. maio		5. Indicate Type of Lea		
DISTRICT IV	Santa Fe, New	Wexico 8/504-2088	STATE X  6. State Oil & Gas Lea	FEE	
1220 S. St. Francis Dr., Santa Fe, NM	87505		VO-6	1	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit		
			West Echols	West Echols State Unit	
Oil Well Gas Well X Other			9. Wall No		
2. Name of Operator Yates Petroleum Corporation  8. Well			8. Well No. 1	·	
3. Address of Operator 9. Pool			9. Pool Name or Wildo		
	105 South 4th Str., Artesia,	NM 88210	Wildcat Mis	ssissippian	
4. Well Location Unit Letter J : 1980 feet from the South line and 1980 feet from the East line					
Section 17	Township 11S Range	38E NMPM	County	Lea	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3904' GR				7. A. C.	
11. Check Appropriat	e Box to Indicate Nature of Noti	ce, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT			REPORT OF:		
PERFORM REMEDIAL WORK	WORK PLUG AND ABANDON REMEDIAL WORK ALTERIN		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER: Productio	n Casing	X	
<ul> <li>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.</li> <li>1-14-03 TD 7-7/8" hole @ 11:30 a.m. Ran 5-1/2" 17# and 20# casing set @ 12303'. Cemented Stage I w/345</li> </ul>					
sx 15:61:11 Poz H w/additives. Circulated trace of cement. Cemented Stage II w/1460 sx 35:65 Poz H w/					
additives. Tailed in w/910 sx 15:61:11 Poz H w/additives. Calculated TOC @ 4000'.					
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				<b>9</b> .	
I hereby certify that the information above a true and complete to the best of my knowledge and belief.					
SIGNATURE	and Davis TITL		nician DATE	1/20/03	
Type or print name	Stormi Davis		Telephone No.	505-748-1471	
(This space for State use)	27b				
APPROVED BY	ORIGINAL ORIGINA ORIGINA ORIGINA ORIGINAL ORIGINA ORIGIN	L SIGNED BY	DATE JA	N 2 4 2003	
Conditions of approval, if any:	GARY W	. WINK			

OC FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of approval, if any: