Submit 3 copies to Appropriate

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to Appropriate		Revised 1-1-89	
District Office State of Nev	w Mexico		
DISTRICT I Energy, Minerals and Natura			
P.O. Box 1980, Hobbs NM 88240		WELL API NO. 30-005-20828	
DISTRICT II OIL CONSERVAT	FION DIVISION	5. Indicate Type of Lease	
P.O. Drawer DD, Artesia NM 88210 P.O. Box 2088		State X FEE	
DISTRICT III Santa Fe, New Mexico	87504-2088	6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd., Aztec NM 87410			
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR T		7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE " APPLICATION (FORM C-101) FOR SUCH PROPOSALS.)	FOR PERMIT 67891077		
	<u> </u>		
1. Type of Well: OIL GAS	1 NET 2003 5		
OIL GAS WELL X WELL OTHER	// net 2003 5		
		LOVELESS LQ STATE	
2. Name of Operator	O RECEIVED	8. Well No	
Yates Petroleum Corporation	OCD - ARTESIA	5	
3. Address of Operator	is is it is	9. Pool Name or Wildcat	
105 South 4th., Artesia, NM 88	3210	TULK WOLFCAMP	
Yates Petroleum Corporation 3. Address of Operator 105 South 4th., Artesia, NM 88 4. Well Location Linit Letter D 990 Feet From The NORTH	52+7257		
Unit Letter D : 990 Feet From The NORTH	Line and 990 Fee	et From The WEST Line	
Section 37 Township 34S Range 3/36E			
Section Township 34S Range 266E	NMPM	CHAVES COUNTY	
10. Elevation (Show whether DF, RI	KB, RT, GR, etc.)		
X/////////////////////////////////////			
11. Check Appropriate Box to Indicate Nature of	Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT F		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	1	
hannan l	L		
OTHER	OTHER CORRECTION	FOR C-129	
12. Describe Proposed or Completed Operations (Clearly state a	all pertient details, and give pertinenet o	dates, including estimated	
date of starting any proposed work) SEE RULE 1103.			
The meter was never de-activated on this well as stat	ted by the transporter This well	has not vented	
	ied by the transporter. This wear		
		128 13 Ca 51 - 7	
		000 5000H	
		sagon	
		19 07 N. 1	
		USI 500- ED	
		000 5900H-11 55 6002 100 6002 100	

Form C-103

I hereby certify that the infor	mation above a true and complete to the best of my knowledge and be $(1, 2, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,$	lief.			
	Donna Clack	TITLE	REGULATORY COMPLIANCE	DATE	10/6/03
TYPE OR PRINT NAME	DONNA CLACK		·	TELEPHONE NO.	505-748-1471
		~ P7 D /	LEUM ENGINEER		
(This space for State Use)	$\sim$	PEIKU			
APPROVED BY	auf and me		DATE	OCT 1	6 2003
CONDITIONS OF APPROV	AL, IF ANY:				0 1000