Submit 3 copies to Appropriate District Office		Form C-103 Revised 1-1-89		
State of New	v Mexico			
DISTRICT I Energy, Minerals and Natural Resources Department				
P.O. Box 1980, Hobbs NM 88240		WELL API NO. 30-005-20832		
DISTRICT II OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
P.O. Drawer DD, Artesia NM 88210 P.O. Box 2088		State X FEE		
TRICT 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 TO DIFFERENT RESERVOIR. USE " APPLICATION F	O DEEPEN OF BLUG BACK 19 A	7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)	T T			
1. Type of Well:	// RET 2003	5		
		16		
	RECEIVED	J LOVELESS LQ STATE		
2. Name of Operator	CD ARIESIA	57/ B. Well No		
Yates Petroleum Corporation	6	7		
3. Address of Operator	[20, 10 ⁰	9. Pool Name or Wildcat		
105 South 4th., Artesia, NM 88	210 23245252 52 10 210	TULK WOLFCAMP		
4. Well Location				
Unit Letter M : 330 Feet From The SOUTH	Line and 990	Feet From The WEST Line		
Section 7 Township 31S Range 36E	NMPM	CHAVES COUNTY		
10. Elevation (Show whether DF, RK	B, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
		1		
NOTICE OF INTENTION TO:	SUBSEQUENT 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	CASING TEST AND CEMENT JOB			
OTHER	OTHER CORRECTIO	N FOR C-129		
	.			

12. Describe Proposed or Completed Operations (Clearly state all pertient details, and give pertinenet dates, including estimated date of starting any proposed work) SEE RULE 1103.

The meter was never de-activated on this well as stated by the transporter. This well has not vented.

The meter was never de-activated on this well as stated by the tran	sporter.This well has not v		το 202 το 202 το 202 το 203 το 203 το 203
I hereby certify that the information above a true and complete to the best of my knowledge and belief. SIGNATURE Image: Complete to the best of my knowledge and belief. SIGNATURE Image: Complete to the best of my knowledge and belief. TYPE OR PRINT NAME DONNA CLACK.	EGULATORY COMPLIANCE		10/6/03 505-748-1471
(This space for State Use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	OCT 1	6 2003