	Submit 3 Copies To Appropriate DistrictState of New MexicoOfficeEnergy, Minerals and Natural Resources	Form C-103 Revised June 10, 2003	
	1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO. 30-025-01838	
	1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr	5. Indicate Type of Lease	
	1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.	
	1220 S. St. Francis Dr., Santa Fe, NM 87505	V-5855	
	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 Name or Unit Agreement Name	
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Limbaugh AYO State	
	1. Type of Well: Oil Well Gas Well X Other	8. Well Number 1	
	2. Name of Operator	9. OGRID Number	
	Yates Petroleum Corporation 3. Address of Operator	025575 10. Pool name or Wildcat	
	105 S. 4 th Street, Artesia, NM 88210 4. Well Location	Four Lakes Mississippian	
	4. Well Location		
	Unit Letter <u>E</u> : 1980 feet from the <u>North</u> line and	660 feet from the West line	
	Section <u>12</u> Township <u>12S</u> Range <u>34E</u>	NMPM Lea County	
	-11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	4138.4' 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
	NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:	
	PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING	
	TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	LLING OPNS. PLUG AND	
	PULL OR ALTER CASING MULTIPLE CASING TEST AI COMPLETION CEMENT JOB		
	OTHER: OTHER: F	Re-Entry Operations	
	 Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 1103. For Multiple Completions: At or recompletion. 	d give pertinent dates, including estimated date	
		122 22-	
	9-8-03 Spud on surface plug @ 8:30 a.m. Cleaned out well to 7000'.	N ³²⁰ 21222324235	
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		LEON CONTRACTOR	
	n 1947 - Andrea Alexandro, andrea anna an an anna an anna an anna an anna an an	110168195752	
	I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	SIGNATURE:		
	Type or print name Stormi Davis E-mail address:	Telephone No.	
	Type or print name Stormi Davis E-mail address: (This space for State use) APPPROVED BY Harry W. Wilson APPPROVED BY Harry W. Wilson TITLE Conditions of approval, if any OC DISTRICT SUPERVISOR	GENERAL I COLOR 1 2003	
	APPPROVED BY Lary W. Comp. TITLE SUPERVIS	DATE	
	Conditions of approval, if any		

1