Submit 3 Copies to Appropriate Dist Office	rict	State of New Mexico				Form C-103		
DISTRICT I 1625 N. French Dr., Hobbs NM 883	Energy, l	Energy, Minerals and Natural Resources				Revised March 25, 1999 WELL API NO.		
DISTRICT II		OIL CONSERVATION DIVISION				30-025-36026		
1301 W. Grand Avenue, Artesia NM DISTRICT III		1220 South St. Francis Dr.				Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec NM 87	Santa Santa	Fe, New Me	xico 8750	1-2088	s	TATE X	FEE	
DISTRICT IV	W4 07505				6. State	e Oil & Gas Lea		
1220 S. St. Francis Dr., Santa Fe, N		DEDODTE OL	IMELLO		7 1	VO-		
1,	SUNDRY NOTICES AND FOR PROPOSALS TO DRILL OR " USE " APPLICATION FOR PERMI"	TO DEEPEN OR	PLUG BACK	ГО А			t Agreement Name	
Oil Well Gas	Well X Other							
2. Name of Operator					8. Well	No.		
	Yates Petroleum Co	rporation				1		
3. Address of Operator 105 South 4th Str., Artesia, NM 88210						Pool Name or Wildcat Wildcat Morrow/Mississippian		
4. Well Location								
Unit Letter J: _	1650 feet from the	South	_ line and _	2310	feet fro	om the	East line	
Section 19	Township 15S	Range		NMPM		County	Lea	
	10. Elevation (Show wheth		RT, GR, etc.)		- 16.5 10.53		
11. Check Appropri	ate Box to Indicate Natur	e of Notice,	Report, or	Other Data	P.3.262 +8000		4.00	
NOTICE	E OF INTENTION TO:			SUBSEQU	ENT REPO	RT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL W	ORK	ALTERII	NG CASING		
TEMPORARILY ABANDON	CHANGE PLANS	一一	COMMENCE	DRILLING OPNS.	PLUG A	ND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE			AND CEMENT JOB				
	COMPLETION				Spud		(V)	
OTHER:		<u> </u>	OTHER:				<u> </u>	
of starting any propo or recompilation.	or completed operations. (Cleansed work). SEE RULE 1103. ed well @ 9:30 a.m. N	For Multiple Co	ompletions: /	Attach wellbore dia	gram of propos	sed completion		
						52122 23 24 24 35 35 35 35 35 35 35 35 35 35 35 35 35	128 29 30 37	
Thereby certify that the i	7 7 ~ 12014 ntormation alpove a true and co	omplete to the	best of my kr	owledge and belie	ī. · · · · · · · · · · · · · · · · · · ·	Col of Ci	Eterbrer 1777	
SIGNATURE	oran Donis	TITLE	Regulat	ory Compliance	Гесhnician	DATE	11/24/03	
Type or print name	Stormi Davis	·				Telephone No.	505-748-1471	
(This space for State use) APPROVED BY	Chis Isle	em Da Dis	TRICT SUP	ERVISOR/GENE	RAL MANA	DATEDEC	0 1 2003	

Conditions of approval, if any: