Office	State of I	New Mexico	Form C-103
<u>DISTRICT I</u>	Energy, Minerals a	nd Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs NM 88240			WELL API NO.
1301 W. Grand Avenue, Artesia NM 88210			30-025-35899
DISTRICT III 1220 South St. Francis Dr.			5. Indicate Type of Lease
Santa Fe, New Mexico 87504-2088			STATE FEE X
DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
		ONIMELLO	7. Lease Name or Unit Agreement Name
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
1	PPLICATION FOR PERMIT" (FORM C-1		
PROPOSALS.)			M. John DAM
1. Type of Well:			Mamalotes BAM
Oil Well Gas Well X Other			
2. Name of Operator			8. Well No.
Yates Petroleum Corporation			1
3. Address of Operator			9. Pool Name or Wildcat
105	5 South 4th Str., Artesia, N	M 88210	Morton Morrow (Gas)
4. Well Location			
Unit Letter P: 825	feet from the South	line and 1275	feet from the East line
		0.45	
Section 36	Township 14S Range	34E NMPM	County Lea
10.	Elevation (Show whether DF, RKI	3, R1, GR, etc.)	
114	4060' GR		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF I	INTENTION TO:	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARII V ARANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	MULTIPLE	L	T 2007/1107/107/1100/11/112/11
PULL OR ALTER CASING	COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	
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.			
or recompliation.			
			•
12-16-03 Drilled thru composite plugs @ 13200' and 13197'.			
2-3/8" tubing and packer @ 12950'			
-			675
Well now producing Morrow 13042-13274'.			
Well now producing Morrow 13042-13274'.			24.25.26.25 54.25.26.25 54.4.50 64.4.50 64.40 64.40 64.40 64.40 64.40 64.40 64.40 64.40 64.40 64.40
			22 4 3
			(2)
			(2020:01 11 9V9V
			2618171
Thereby certify that the information allove a true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE	Regulatory Compliance Techn	ician DATE 12/18/03
Type or print name Stol	rmi Davis		Telephone No. 505-748-1471
(This space for State use)	. , , , , , , ,)	OC FIELD REPRESENTATIVE 11/5	
APPROVED BY	while was title		DATE DEC 2 3 2003

Conditions of approval, if any: