Submit 3 copies to Appropriate District Office	State of New Mexico		Form C-103
DISTRICT I 1625 N. French Dr., Hobbs NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
DISTRICT II  1301 W. Grand Avenue, Artesia NM 88210	OIL CONSERVATION DIVISION		30-025-36525
DISTRICT III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New N	Mexico 87504-2088	STATE X FEE
DISTRICT IV  1220 S. St. Francis Dr., Santa Fe, NM 87505	5		6. State Oil & Gas Lease No. VO-5469
S	UNDRY NOTICES AND REPORTS (	ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "	ROPOSALS TO DRILL OR TO DEEPEN( APPLICATION FOR PERMIT" (FORM C-10		
PROPOSALS.)  1. Type of Well:			Willie State Unit
Oil Well Gas Well X Other			
2. Name of Operator			8. Well No.
Yates Petroleum Corporation			1
3. Address of Operator 105 South 4th Str., Artesia, NM 88210			Pool Name or Wildcat     Four Lakes; Mississippian (Gas)
4. Well Location			
Unit Letter K: 1980	0 feet from the South	line and 1980	feet from the West line
Section 31	Township 11S Range	35E NMPM	County Lea
10.	Elevation (Show whether DF, RKE 4143' GR	B, RT, GR, etc.)	
11. Check Appropriate B	ox to Indicate Nature of Notice	e, Report, or Other Data	
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	MULTIPLE	CASING TEST AND CEMENT JOB	
OTHER:	J COMPLETION	OTHER: Spi	ud X
• •		ertinent details, and give pertinent dates Completions: Attach wellbore diagram o	-
1-19-04 Spudded wel	l @ 4:30 p.m. Set 40' of 20	" conductor pipe. Notified Sy	vivia Dickey w/Hobbs OCD
via voice mail.			010111213141670
1-21-04 RU rotary too	ols and resumed drilling. The	O 17-1/2" hole to 428' and set	
		Failed in w/200 sx. Cement ci	
hole to 12-1/4" and res			A UHVICIN
	•		15M 2004 23/
			COE OZESTES ST
Thereby certify that the information	ation above a true and complete to the	e best of my knowledge and belief.	
SIGNATURE Storm	TITLE	Regulatory Compliance Techni	ician DATE 1/26/04
Type or print name Sto	rmi Davis		Telephone No. 505-748-1471
(This space for State use)	1.11	· CTA	MANAGERIAN 2 8 2004

Conditions of approval, if any: