Submit 3 copies to Appropriate District Office		State of New Mexico				Form C-103		
DISTRICT !	Energy, M	Energy, Minerals and Natu				Revised March 25, 1999		
1625 N. French Dr., Hobbs NM 88240 DISTRICT !!	,					WELL API NO.		
1301 W. Grand Avenue, Artesia NM 8		OIL CONSERVATION DIVISION 1220 South St. Francis Dr.				30-025-29496		
DISTRICT III 1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New Mexico					dicate Type of Lease		
DISTRICT IV	Santa F	e, new me	exico 8750	14-2088		STATE X te Oil & Gas Lea	FEE L	
1220 S. St. Francis Dr., Santa Fe, NM	87505				0.014	VO-4	1	
	SUNDRY NOTICES AND F	REPORTS ON	WELLS		7. Lea		t Agreement Name	
1,	OR PROPOSALS TO DRILL OR TO SE " APPLICATION FOR PERMIT"			(TO A				
1. Type of Well:						Yam AYQ State		
Oil Well Gas V	Vell X Other							
2. Name of Operator					8. We	ll No.		
Yates Petroleum Corporation						1		
3. Address of Operator						9. Pool Name or Wildcat		
	105 South 4th Str., A	rtesia, NN	<i>I</i> 88210			Wildcat Mis	ssissippian	
4. Well Location								
Unit Letter N :	990 feet from the	South	_ line and	2310	feet fi	rom the\	<u>West</u> line	
Section 26	Township 12S	Range	36E	NMPM		County	Lea	
	10. Elevation (Show whether							
	3961.8'	GR						
11. Check Appropriate	e Box to Indicate Nature	of Notice.	Report, o	r Other Data	D	ar (1964 - Lawrence Balleton (1964 - 1965)	CONTRACTOR AND	
• • •	OF INTENTION TO:	l l	, .		QUENT REPO	ORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTER	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE	EDRILLING OPNS.	PLUG.	AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TE	ST AND CEMENT JOB	· [_]			
OTHER:			OTHER:		Recompletion	l	X	
• •	completed operations. (Clearled work). SEE RULE 1103. F						te	
Ray Mississippian 1 12714-32' (36), 127 perfs 12993-13046'	14 MIRU. Cleaned ou 12993-98' (10), 13003 740-50' (20) and 1277 '. Pumped 24 bbls w/ 1/2000 gal 20% NEFE	-11' (16), 6-94' (36) 10 bbls 15	13017-2 . Set CII 5% acid i	7' (20), 1303 BP @ 13100 n perfs. Cap	2-46' (28) a '. Spotted 5	nd Awstin Cy Jobis 15% a	rcle کی کی cid acros	
RECOMPLETION UN	NSUCCESSFUL.					21110166 09	29 30 30 30 30 30 30 30 30 30 30 30 30 30	
Thereby certify the the inte	ormation above a true and con	mplete to the	best of my l	nowledge and be	elief.			
SIGNATURE	a louis	_ TITLE _	Regula	tory Compliand	e Technician	DATE	2/9/04	
Type or print name	Stormi Davis					Telephone No.	505-748-1471	
(This space for State use)	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\				r		
APPROVED BY	any will	Meac	FIELD RE	RESENTATIVE	II/STATT MA	HAGER -	EB 17 2004	

Conditions of approval, if any: