Submit 3 Copies to Appropriate District Unnce <u>DISTRICT I</u> 1625 N. French Dr., Hobbs NM 88240		ew Mexico d Natural Resources	Form C-103 Revised June 10, 2003 WELL API NO.		
DISTRICT II 1301 W. Grand Avenue, Artesia NM 88210	OIL CONSERV	ATION DIVISION	30-025-36523		
DISTRICT III		St. Francis Dr.	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New M	exico 87504-2088			
DISTRICT IV			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			VO-1611		
SUNDR	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE " APPL PROPOSALS.)	Lagarto AMZ State				
1. Type of Well:	_		8. Well Number		
Oil Well Gas Well X	Other		2		
2. Name of Operator			9. OGRID Number		
Yates Petroleum Corporation			25575		
3. Address of Operator			10. Pool Name or Wildcat		
105 S	Sand Springs; Mississippian (Gas)				
4. Well Location					
Unit Letter <u>J</u> : 1890	feet from the South	line and 1980	feet from the East line		
Section <u>1</u> To	wnship <u>11S</u> Range	34ENMPM	County Lea		
11. Elev	vation (Show whether DF, RKE 4180' GR	8, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INT	T REPORT OF:				
	LUG AND ABANDON		ALTERING CASING		
TEMPORARILY ABANDON	HANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
		CASING TEST AND CEMENT JOB]		
OTHER:		OTHER: Spud and S	urface Casing X		
13. 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. 252627

3-11-04 Rig up rotary tools and resumed drilling. TD 17-1/2" hole to 425'. Set 13-3/8" 48 casing @ 425'. Cemented w/220 sx Premium Plus w/additives and tailed in w/200 set 10 circulated. WOC 20 hrs and 30 min. Reduced belief casing @ 425'. Cemented w/220 sx Premium Plus w/additives and tailed in w/200 sx. Cement

SIGNATURE	and complete to the best of my knowledge and Complete to the best of my knowledge and TITLE Regulatory Complia		3/18/04
Type or print name Stormi Davis	Email address	Telephone No.	505-748-1471
(This space for State use) APPROVED BY Harry W. W. Conditions of approval, if any:	TITLE	I/STAFF MANAGER DATE	MAR 2 3 2004

5131418161