Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.
5 E. Nam Marine 97504 2088	30-025-35327
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE XX FIE TIE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-4826
DEPOSITO ON WELL O	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X OTHER	North Papalotes State Unit
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
105 South 4th St., Artesia, NM 88210	Wildcat Mississippian
4. Well Location Unit Letter A: 990 Feet From The North Line and 660	Feet From The East Line
34E	NMPM Lea County
Section 10 Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
//////////////////////////////////////	
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
NOTICE OF INTENTION TO:	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	
OTHER: OTHER: OTHER:	X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl. work) SEE RULE 1103.	uding estimated date of starting any proposed
3-10-2001 - Drilled 5' of new hole (12-1/4"). TD 20'. Sh Sylvia w/OCD-Hobbs via voice mail.	ut down. NOTE: Notified
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Derations	Technician DATE March 20, 200
TYPE OR PRINT NAME Rusty Klein	ТЕГЕРНОНЕ НО. 505/748
	a onfile
(This space for State Use)	198 9 20 8
πιυ	DATE
APPROVED BY	

CONDITIONS OF APPROVAL, IF ANY: