Submit 3 copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

DISTRICT	Lifergy, Williera	is and Natural I	coources Dep	artificit	WELL API NO.			_	
P.O. Box 1980, Hobbs NM 88240	OII CO	OIL CONSERVATION		DIVISION					
DISTRICT II	IN .	1	30-025-0	11910					
P.O. Drawer DD, Artesia NM 88210		P.O. Box 20	300		TVI		71310	_	
1000 Rio Brazos Rd., Aztec NM 87410					State X	FEE		_	
(DO NOT USE THIS FOR DIFFERENT	OTICES AND REPORTS RM FOR PROPOSALS T RESERVOIR. USE "A 101) FOR SUCH PRO	O DRILL OR TO D PPLICATION FOR	DEEPEN OR PL	UG BACK TO A	7. Lease Name o V-393	or Unit Agreement N 1	//////////////////////////////////////	2	
1. Type of Well: OIL GAS WELL X OTHER						Cities Service AQP State			
Yates Petroleum Corporation						1			
3. Address of Operator						9. Pool Name or Wildcat			
105 South 4th, Artesia, NM 88210						Kemnitz Morrow			
Well Location Unit Letter D : 660	Feet From The	North	Line and	660	Feet From The	West	Line		
Section 13 Townshi	p 16S Range	34E	NMPM		************	Lea	COUNTY	_	
10. E	,	ether DF, RKB, I085' GR	RT, GR, etc.)					9	
11. Check Appropriat	e Box to Indicate	Nature of No	tice. Repor	t. or Other Da	ta			_	
Tr. Oncox Appropriate	o box to maioais	1	,	, , , , , , , , , , , , , , , , , , , ,					
NOTICE OF INTENTION TO: SUBSEQUEN									
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING C	ASING			
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE	RILLING OPNS.	PLUG AND A	BANDONMENT			
	GHANGE I EANO						اسسا		
PULL OR ALTER CASING			CASING TEST	AND CEMENT JOB					
OTHER Perforate Upper M	orrow	X	OTHER						
Describe Proposed or Comp date of starting any proposed  Propose to plug back, per	work) SEE RUL	E 1103.				ng estimated			
Tropodo to ping addit, par	TO T				•				
If workover is unsuccessful will recomplete to Penn 10		e to Strawn 1	2260-12278	3'. If Strawn if	not productive	), -2101	 1 <del>]</del> .		
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hereby certify that the information above a tr	ue and complete to the best of	my knowledge and be			lianga Tla		6/10/02	-	
SIGNATURE SOM	Danue		TITLE R	egulatory Comp	mance rech	DATE		_	
TYPE OR PRINT NAME Stormi	Davis					TELEPHONE NO.	505-748-147	! =	
(This space for State Cse)									

TITLE

APPROVED BY CONDITIONS OF APPROVAL IF ANY