Submit 3 copies to Appropriate District Office	State of New Mexico			Form C-103
<u>DISTRICT I</u>	Energy, Minerals and Natural Resources		WELL ARINO	Revised March 25, 1999
1625 N, French Dr., Hobbs NM 88240 DISTRICT II	OIL OONOEDVA	TION DIVIDION	WELL API NO.	24752
1301 W. Grand Avenue, Artesia NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-025-34752	
DISTRICT III 1000 Rio Brazos Rd., Aztec NM 87410	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Leas	EE
DISTRICT IV	Sama Fe, New W	exico 67504-2066	6. State Oil & Gas Lease	
1220 S. St. Francis Dr., Santa Fe, NM 87505			VA-7	753
	NDRY NOTICES AND REPORTS O		7. Lease Name or Unit A	Agreement Name
	OPOSALS TO DRILL OR TO DEEPEN ( PPLICATION FOR PERMIT' (FORM C-10			
1. Type of Well:			C. O. Jones	ATK State
Oil Well X Gas Well	Other			
2. Name of Operator			8. Well No.	
Yates Petroleum Corporation			2	
3. Address of Operator			9. Pool Name or Wildcat	
105 South 4th Str., Artesia, NM 88210			Townsend Permo Upper Penn Shoebar Strawn, Northwest	
	5 South 4th Str., Artesia, N	IIVI 8821U	Shoepar Straw	m, Northwest
4. Well Location	for the form the Court	line and 330 fee	et from the West	line
Unit Letter M : 380	feet from the South	line and 330 tee	et from the West	ine
Section 11	Township 16S Range	35E NMPM	County	Lea
	Elevation (Show whether DF, RKE	B, RT, GR, etc.)		
	3987' GR			
11. Check Appropriate Bo	ox to Indicate Nature of Notice	e, Report, or Other Data		
• • •	NTENTION TO:		Γ REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
PERFORM REMEDIAL WORK		<u></u>	J	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER Pull RBP for Mu	Itiple Completion	X
	Interdesignations (Classic state of a	pertinent details, and give pertinent date		
		Completions: Attach wellbore diagrar		
		TOH w/7" RBP. TIH w/7" Guib 2 10968'. ND BOP, NU tree, se		
Producing from Penn 109	910-10917' behind tubing and	Strawn 11400-13220' (open h	ole).	
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			0 <u>a.                                    </u>	
			OCD	- -1 ·
			,	0
				<u>,</u>
Thereby certify that the information	ition above a true and complete to tr		· —	
SIGNATURE SIGNATURE	Charis TITLE	Regulatory Compliance Tech	nician DATE	12/30/02
C+A	rmi Davis		Telephone No.	505-748-1471
		SIGNED BY	relephone No.	
(This space for State use)	GARY W	WINK		
APPROVED BY	OC HINDS	REPRESENTATIVE II/STAFF MA	NACE DATE	N 0 3 2003
Conditions of approval, if any:		19 = 17 % / 1410		. ~ 0 7003

Conditions of approval, if any: