Submit 3 copies to Appropriate District Office	State of New Mexico	Form C-103
DISTRICT I 1625 N. French Dr., Hobbs NM 88240 Energy,	Minerals and Natural Resources	Revised March 25, 1999 WELL API NO.
DISTRICT II	CONSERVATION DIVISION	30-025-36014
	220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec NM 87410 Santa	a Fe, New Mexico 87504-2088	STATE X FEE
DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND	REPORTS ON WELLS	L-5690 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI PROPOSALS.)	R TO DEEPEN OR PLUG BACK TO A	g.
1. Type of Well: Oil Well Gas Well X Other		Blue Suede BAT State Com
2. Name of Operator		8. Well No.
Yates Petroleum C	Corporation	1
3. Address of Operator	A 1 NIBA 00010	9. Pool Name or Wildcat
	, Artesia, NM 88210	Wildcat Mississippian
4. Well Location Unit Letter :1980 feet from the	North line and 990 f	eet from theline
Section 20 Township 15S	Range 35E NMPM	County Lea
	ether DF, RKB, RT, GR, etc.))' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:	OTHER: Intermed	diate Casing
12. Describe proposed or completed operations. (CI	early state all pertinent details, and give pertinent d	••••••••••••••••••••••••••••••••••••••
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.		
12-10-02 Reached TD @ 6150'. Ran 9-5/8" 36# and 40# casing set @ 6150'. Cemented w/1625 sx Interfill C.		
Tailed in w/200 sx Premium C w/1% CaCl. WOC. Ran Temperature Survey. TOC between 800-900'. Cement		
through 1" w/400 sx Class C Neat. Cement circulated.		
		↑ . Co
		\$ 3°

Thereby certify that the information above a true and	complete to the best of my knowledge and belief.	
SIGNATURE Storm Davis	TITLE Regulatory Compliance Tec	chnician DATE 12/16/02
Type or print name Stormi Davis		Telephone No. 505-748-1471
(This space for State use)	L. VI STERMED BY	1.
APPROVED BY	CASY W. WINK	F MANAGERPATE
Conditions of approval, if any:	GARY W. WINK OC FIELD REPRESENTATIVE II/STAT	