

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-28002
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-5919
7. Lease Name or Unit Agreement Name Hoss BHK State
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Willow Lake; Delaware

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>2</u> Township <u>25S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2946'GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Re-entry procedures <input checked="" type="checkbox"/>	

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 recompletion.

8/31/05 - Began re-entry procedures.

9/1/05 - 9/28/05 - TIH with 7-7/8" mill tooth bit to drill through plugs. Drilled cement to 2100'. Tag cut off 5-1/2" casing at 2100'. Circulated hole clean. Drill cement from 2100' to a depth of 2141'. Circulated hole clean. Tagged 5-1/2" casing at 2100'. Cut over 5-1/2" casing stub and dressed off top of casing. TIH with slip joint and 50 joints of 5-1/2" 17# casing. Slip over 5-1/2" casing stub at 2100'. Cemented 2100' of 5-1/2" casing in place with 300 sx Class "C" with 2% CaCl₂. Cement circulated. Drilled CIBP from 4580' to 4581'. Bit stopped drilling. Tagged CIBP at 4581'. Drill on CIBP. Drilling CIBP and steel. TIH with 4-5/8" magnet on sandline. Unable to run magnet past 2100' (slip joint connection). Milled until no drag was detected. Continue milling, CIBP released. Pushed CIBP to 6120'. Circulated hole clean.

9/29/05 - Perforate Delaware 4900'-4950' (51) and 4976'-4990' (15).

9/30/05 - Acidize Delaware 4976'-4990' with 500g 7-1/2% HCL acid. Communicated up to next zone on last 4 bbls pumped. Acidize Delaware 4900'-4990' with 750g 7-1/2% HCL acid. Set packer at 4600'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tina Huerta TITLE Regulatory Compliance Supervisor DATE October 4, 2005

Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only

FOR RECORDS ONLY

OCT 06 2005

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):