	Form C-103
Submit 3 Copies To Appropriate District Office District State of New Mexico Energy, Minerals and Natural Resou	rces May 27, 2004
1625'N. French Dr., Hobbs, NM 88240	WELL API NO. 489101172732
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	WELL API NO. 30-015-26633 5. Indicate Type of Lease 1
District III 1220 South St. Francis Dr.	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> Santa Fe, NM 87505	6. State Oil & Gas Lease No UFD
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. PRECENED RECENESIA
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name of Conit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	0.4 1 \ \6\ \ 1 \ \
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Medano VA State GZ VI EL
1. Type of Well: Oil Well Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation	025575
3. Address of Operator	10. Pool name or Wildcat
105 S. 4 th Street, Artesia, NM 88210	Los Medanos; Delaware
4. Well Location Unit Letter L: 1980 feet from the South line as	nd 330 feet from the West line
Section 16 Township 23S Range 11. Elevation (Show whether DR, RKB, RT,	31E NMPM Eddy County GR etc.)
3348'GR	OR, etc.)
Pit or Below-grade Tank Application ⊠ or Closure □	A PA TOTAL CONTROL OF THE STATE
Pit type Depth to Groundwater Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: 12 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:
	AL WORK
The same of the sa	NCE DRILLING OPNS: Description of the property
PULL OR ALTER CASING MULTIPLE COMPL CASING	CEMENT JOB
OTHER:	Perforate additional Delaware and stimulate
13. Describe proposed or completed operations. (Clearly state all pertinent d	etails, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Comple	tions: Attach wellbore diagram of proposed completion
or recompletion.	
7/31/06 – Perforate Delaware 6883'-6885' (3), 6892'-6896' (5), 6948'-6954' (7),	
holes. Acidize Delaware 7046'-7112' with 750g 7-1/2% HCL acid with 30 ball se	palere Acidiza Dalasyara 6883' 6054' with 750a 7
1/2% HCL acid with 30 ball sealers. 2-7/8" tubing set at 6815'.	alcis. Acidize Delaware 0003 -0934 With 130g 1-
	alcis. Acidize Delaware 0003 -0934 With 730g 7-
	alcis. Acidize Delaware 0003 -0934 with 730g 7-
	alcis. Acidize Delaware 0883 -0934 With 730g 7-
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I hereby certify that the information above is true and complete to the best of my k	knowledge and belief. I further certify that any pit or below-
	knowledge and belief. I further certify that any pit or below-
I hereby certify that the information above is true and complete to the best of my legrade tank has been/will be constructed or closed according to NMOCD guidelines , a general	knowledge and belief. I further certify that any pit or below-
I hereby certify that the information above is true and complete to the best of my legrade tank has been/will be constructed or closed according to NMOCD guidelines , a general SIGNATURE TITLE Regulatory	cnowledge and belief. I further certify that any pit or below- permit □ or an (attached) alternative OCD-approved plan □. Compliance Supervisor DATE August 4, 2006.
I hereby certify that the information above is true and complete to the best of my legrade tank has been/will be constructed or closed according to NMOCD guidelines , a general SIGNATURE TITLE Regulatory	nowledge and belief. I further certify that any pit or below- permit □ or an (attached) alternative OCD-approved plan □.
I hereby certify that the information above is true and complete to the best of my legrade tank has been/will be constructed or closed according to NMOCD guidelines □, a general SIGNATURE ☐ TITLE Regulatory Type or print name ☐ Tina Huerta ☐ E-mail address:tinah@	cnowledge and belief. I further certify that any pit or below- permit □ or an (attached) alternative OCD-approved plan □. Compliance Supervisor □ DATE August 4, 2006. ypcnm.com □ Telephone No. □ 505-748-1471
I hereby certify that the information above is true and complete to the best of my legrade tank has been/will be constructed or closed according to NMOCD guidelines □, a general SIGNATURE	cnowledge and belief. I further certify that any pit or below- permit □ or an (attached) alternative OCD-approved plan □. Compliance Supervisor DATE August 4, 2006.