

Submit 3 Copies To Appropriate District
Office,
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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

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

Form C-103
Revised March 25, 1999

WELL API NO.
30-005-63403

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Casino AXC State

8. Well No.

1

9. Pool name or Wildcat
Wildcat Precambrian

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 ☐ Gas Well ☒ Other ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 S. 4th Street Artesia, NM 88210

4. Well Location

Unit Letter K : 1980 feet from the South line and 1980 feet from the West line

Section 2 Township 10S Range 26E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3863'GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT 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: Production casing

☒

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 recompilation.

10/2/03 - Reached TD 6323' at 3:45 PM.

10/4/03 - Set 4-1/2" 10.5# casing at 6323'. Cemented with 750 sx PVL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tina L. Huerta TITLE Regulatory Compliance Supervisor DATE October 8, 2003

Type or print name Tina L. Huerta

Telephone No. 505-748-1471

(This space for State use)

APPROVED BY Tina L. Huerta TITLE District Supervisor

DATE OCT 16 2003

Conditions of approval, if any: