Submit 3 Copies To Appropriate District	State of Nev	v Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-005-62884
1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			VA-2494 7. Lease Name or Unit Agreement Name
(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 G		SWD	8. Well Number
			3
Name of Operator Yates Petroleum Corporation		IAN 15 2008	9. OGRID Number 025575
3. Address of Operator			10. Pool name or Wildcat
105 S. 4 th Street, Artesia, NM	I 88210	CD-ARTESIA	, ,
4. Well Location			
Unit Letter G: 2	feet from the	North line and	1980 feet from the <u>East</u> line
Section 16	Township 6S	Range 27E	NMPM Chaves County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4110'GR			
Pit or Below-grade Tank Application or C	osure 🗌	4110 OK	
Pit type Depth to Groundwater	Distance from nearest fresh	water well Distance f	rom 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	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS		LLING OPNS. PLUG AND ABANDON
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB LI
OTHER:	<u>`</u>	OTHER: MIT Test	<u> </u>
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.			
-			
Depleyed toking			
Replaced tubing.			
MIT performed on 1/10/2008. Original chart attached.			
Notified Richard Inge w/OCD on 1/9/2008 – no witness.			
I hereby certify that the information ab tank has been/will be constructed or closed acc			d belief. I further certify that any pit or below-grade
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SIGNATURE WILLIAM ()	TITLE	Regulatory Compliance	Tech DATE January 14, 2008
Type or print nameSusan S. Lop			Telephone No. <u>575-748-1471</u>
For State Use Only APPROVED BY: RUGGE	NEE TITLE	Computance C)	THER DATE 1/17/2008

Conditions of Approval (if any):

