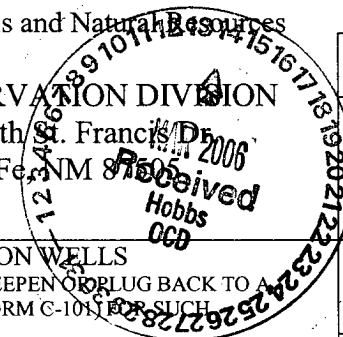


Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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. 30-025-28529
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-814
7. Lease Name or Unit Agreement Name Woodpecker SY State
8. Well Number 8
9. OGRID Number 025575
10. Pool name or Wildcat Saunders Permo Upper Penn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4223.4'GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type <u>Steel</u> Depth to Groundwater <u>N/A</u> Distance from nearest fresh water well <u>N/A</u> Distance from nearest surface water <u>N/A</u>
Pit Liner Thickness: <u>N/A</u> mil Below-Grade Tank: Volume <u>N/A</u> bbls; Construction Material <u>N/A</u>

**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  P&A

2. Name of Operator  
Yates Petroleum Corporation

3. Address of Operator  
105 S. 4<sup>th</sup> Street, Artesia, NM 88210

4. Well Location  
 Unit Letter E : 1980 feet from the North line and 660 feet from the West line  
 Section 21 Township 14S Range 33E NMPM Lea County

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"/>	P & A <input checked="" 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: <input 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 well log diagrams of the Well Bore. **Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed.**

- 2-24-06 MIRU. Laid down rods.
- 2-27-06 PU on tubing. Cannot get flange off. Freepoint tubing @ 4490'. Stuck @ 4530'. Pumped 110 bbls fresh water down tubing. Pumped 25 sx cement @ 9825'. WOC. Tagged @ 7448'. Pumped 25 sx cement.
- 2-28-06 Tagged @ 5548'. Pumped 25 sx cement. WOC. Tagged @ 5548'. Pumped 25 sx to 5300'. WOC and tagged @ 5548'. Pumped 25 sx cement to 5300'.
- 3-1-06 Tagged @ 5548'. Pumped 25 sx cement. Well circulated up backside. WOC. Tagged @ 5548'. Pumped 30 sx. WOC. Tagged @ 5040'. OCD approved plug. Cut tubing @ 4970'.
- 3-2-06 RIH to 4484' and squeezed w/35 sx cement.
- 3-3-06 Tagged @ 4605'. Perforated @ 4247'. RIH open-ended and spotted 40 sx @ 4293' (per OCD). WOC. Tagged @ 4090'. Perforated @ 2704'. Spotted 30 sx @ 2757'.
- 3-6-06 Tagged @ 2442'. Perforated @ 1732'. RIH and spotted 30 sx @ 1786'. WOC. Tagged @ 1607'. Perforated @ 510'. RIH and spotted 30 sx cement @ 564'. WOC. Tagged @ 440' (OCD OK'd). Perforated @ 60'. Squeezed 20 sx cement to surface. Cut off wellhead and install dry-hole marker.

**WELL IS PLUGGED AND ABANDONED. FINAL REPORT.**

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 NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 3-13-06  
 Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471

**For State Use Only**  
 APPROVED BY: Gayle Wink TITLE PETROLEUM ENGINEER DATE MAR 15 2006  
 Conditions of Approval (if any):

