

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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"/>	WELL API NO. 30-025-23043
2. Name of Operator YATES PETROLEUM CORPORATION	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 105 South 4th St., Artesia, NM 88210	6. State Oil & Gas Lease No. V-4382
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>11S</u> Range <u>33E</u> NMPM <u>Lea</u> County	7. Lease Name or Unit Agreement Name Champlin AQD State
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4304' GR	8. Well No. 1
	9. Pool name or Wildcat Bagley Permo Penn, North

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Resume drilling w/rotary tools ☒

12. 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.

Resumed drilling a 4-3/4" hole with rotary tools at 3:30 AM 6-14-99. NOTE: Notified Sylvia Dickey w/OCD-Hobbs via voice mail of resuming drilling.

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

SIGNATURE

Rusty Klein

TITLE

Operations Technician

DATE June 17, 1999

TYPE OR PRINT NAME

Rusty Klein

TELEPHONE NO. 505/748-147

(This space for State Use)

ORIGINAL SIGNATURE OF THE OPERATOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: