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Submit One Copy To Appropriate District	State of New Me	exico	,	Form C-103
Office District I  HOBBS OCD Energy, Minerals and Natural Resources			Revised November 3, 2011	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO	
District II 811 S. First St., Artesia, NM 8 PEB 1 0 2014 OIL CONSERVATION DIVISION			30-025-36479	
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease		
1220 S. St. Francis Dr., Santa Fe, NEGEIVED			VA-1894	
87303	CES AND REPORTS ON WELLS		7. Lease Name or Unit Ag	reement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Cash BND State Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			*/	
1. Type of Well: Gas Well X Other P&A			8. Well Number #1	
2. Name of Operator			9. OGRID Number	
Yates Petroleum Corporation /			025575	
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210			10. Pool name or Wildcat Wildcat, Permo Penn TNBE	
4. Well Location				2/0/00
	feet from the <u>South</u> line and _	1980 feet from the	Fast line	
		IPM <u>Lea</u> Cour	/	
Section 51 Towns	11. Elevation (Show whether DR		/	
	(2)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	TENTION TO:	l CLID	SEQUENT REPORT	OE:
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				NG CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			<del></del>	
PULL OR ALTER CASING		CASING/CEMENT	JOB	
OTUED		<b>5</b> 1		
OTHER:  All pits have been remediated in	compliance with OCD rules and t		ady for OCD inspection af	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPED ATOR NAME A DACE NAME AND A NUMBER A RIVINDER OF A PERIOD OF A PERIOD OF				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as other production equipment.	nearly as possible to original grou	and contour and has b	been cleared of all junk, tras	h, flow lines and
	nd risers have been cut off at least	two feet below group	nd level.	
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Oper	ator's pit permit and closure plan.	All flow lines, produ	iction equipment and junk h	nave been removed
from lease and well location.	ls have been removed. Portable ba	asas haya haan ramay	red (Doursed angite asperate	hagag da nat haya
to be removed.)	is have been femoved. Fortable ba	ases have been remov	rea. (Foured offsite concrete	bases do not have
All other environmental concern				
	en abandoned in accordance with	19.15.35.10 NMAC.	All fluids have been remove	ed from non-
retrieved flow lines and pipelines.	ramainina wall on loagas all alastri	igal samijaa malaa and	lings have been removed for	rom losse and wall
If this is a one-well lease or last location, except for utility's distribution		ical service poles and	lines have been removed h	rom lease and well
and the second s	on minuon dotare.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
SIGNATURE	TITLES	Enter HILL	2 AL AL ADATE	2/7/14
	C IIII ()	CAUS-GAMENIAS DE	anditary Continuto DATE_	~/ / //
TYPE OR PRINT NAME Lupe	<u>Corrasco</u> E-MAIL:	learnasco Oyate	sortrofeum.com PHONE:	575-748-1471
For State Use Only	1	1 1	OW.	111
APPROVED BY: Water	Drown TITLE	moleone	OF WILL DATE	2/01/2014.
Conditions of Approval (if any):	ITIEL	-51100000	EED W	9011
V				/11 18