

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
Revised June 10, 2003

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

WELL API NO. 30-005-63624
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LG-9154
7. Lease Name or Unit Agreement Name Energy AFY State
8. Well Number 3
9. OGRID Number 025575
10. Pool name or Wildcat Foor Ranch Pre-Permian

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 P : 660 feet from the South line and 940 feet from the East line
Section 36 Township 9S Range 26E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3914'GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
MULTIPLE COMPLETION ☐	OTHER: Spud ☒
OTHER: ☐	

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.

3/27/04 – Spudded well at 9:15 AM. Set and cemented 40' of 16" conductor.

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

SIGNATURE: Tina Huerta TITLE: Regulatory Compliance Supervisor DATE: March 10, 2004

Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

(This space for State use) **FOR RECORDS ONLY** **APR 05 2004**

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: