

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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

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

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-27314

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LG-864

7. Lease Name or Unit Agreement Name:

AMOLE AMM STATE COM

8. Well No.

1

9. Pool name or Wildcat

DAGGER DRAW U/PENN, N.

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 SOUTH 4TH STREET, ARTESIA, N.M. 88210

4. Well Location

Unit Letter M : 760 feet from the SOUTH line and 660 feet from the WEST line

Section 16

Township 19S

Range 25E

NMPM

EDDY

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐

MULTIPLE COMPLETION ☐

OTHER DISCONNECT PIPELINE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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 recompilation.

BP Pipeline will be disconnecting the pipeline system effective April 1, 2003. Oil sales will be trucked

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

SIGNATURE Michelle Taylor TITLE REGULATORY COMPLIANCE MGR DATE MARCH 13, 2003

Type or print name MICHELLE TAYLOR

Telephone No. 505-748-1471

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: