Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004	
, 1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-33448	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV  1220 S. St. Francis Dr., Santa Fe, NM 87505  Santa Fe, NM 87505		6. State Oil & Gas Lea		
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			7. Lease Name or Unit Agreement Name Agnes BEB Com 8. Well Number	
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well Other RECEIVED		1		
Name of Operator     Yates Petroleum Corporation		SEP 0 3 7 nn4	9. OGRID Number 0255	75
3. Address of Operator 105 S. 4 <sup>th</sup> Street, Artesia, NM 8	8210 <b>C</b>	CD-ARTESIA	10. Pool name or Wild Wildcat N	lcat
4. Well Location Unit Letter Lot 2 : 1300		th line and	<del></del>	East line
Section 3	Township 18S R Elevation (Show whether Di	ange 26E R, RKB, RT, GR, etc.	NMPM Eddy	County
3322'GR  Pit or Below-grade Tank Application □ or Closure □				
Pit type Depth to Groundwater		water well Dis	tance from nearest surface w	ater <u>N/A</u>
	elow-Grade Tank: Volume			
12. Check Appro	opriate Box to Indicate	Nature of Notice,	Report or Other Data	ì
TEMPORARILY ABANDON	TION TO:  JG AND ABANDON   ANGE PLANS   LTIPLE COMPL	SUB: REMEDIAL WORK COMMENCE DRI CASING/CEMENT	LLING OPNS. PLUC	RT OF: ERING CASING ☐ G AND ABANDON ☐
OTHER:	П	OTHER: Frac Mo	rrow	$\bowtie$
13. Describe proposed or completed of starting any proposed work). So or recompletion.		l pertinent details, and	d give pertinent dates, inc	cluding estimated date
8/30/04 – Pumped 500g 7-1/2% HCL acid 425 bbls fluid, 401 sx Carbo Lite 20/40.	with methanol ahead of frac	c. Frac Morrow 8740	)'-8760' with 35# water f	rac with 70% CO2,
425 5018 Huid, 401 8x Calbo Lite 20/40.				
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I hereby certify that the information above grade tank has been/will be constructed or closed	is true and complete to the according to NMOCD guidelines	best of my knowledge □, a general permit □	e and belief. I further certi or an (attached) alternative (	ify that any pit or below- OCD-approved plan □.
SIGNATURE Jina Hu	TITLE Regi	1-4 C1: C	DATE	
Type or print name Tina Huerta	THE ROS	ulatory Comphance S	bupervisor DATE	September 2, 2004
		tinah@ypcnm.co	om Telephone No	o. <u>505-748-1471</u>
For State Use Only APPROVED BY:			om Telephone No	o. <u>505-748-1471</u> 0 <b>7 200</b> 4