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Submit 3 Copies To Appropriate District  State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resource	
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II ONICEDA ATION DIVICEO	NT 30-005-62117
1501 W. Gland Ave., Theesia, 1441 66210	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
87505	Federal NM-93466
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Seinfeld BBK Federal
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other RECEIVED	1
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation APR 1 9 2005	025575
Tates Tetroleum Corporation	
3. Address of Operator 105 S. 4 <sup>th</sup> Street, Artesia, NM 88210	Crockett Draw; Siluro-Devonian
	Clockett Diaw, Shuro-Devoman
4. Well Location	
Unit Letter M: 660 feet from the South line and	660 feet from theWest line
Section 12 Township 6S Range 20	6E NMPM Chaves County
11. Elevation (Show whether DR, RKB, RT, C	
3811'GR	
Pit or Below-grade Tank Application or Closure	
Pit type Workover Depth to Groundwater >100' Distance from nearest fresh water well >1000' Distance from nearest surface water >1000'	
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume t	obls; Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL	
	CE DRILLING OPNS. PLUG AND ABANDON
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/C	EMENT JOB
OTHER: Pit Construction	
13. Describe proposed or completed operations. (Clearly state all pertinent det	nils, 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.	
Dit will be constructed as nor Master plan approved 12/20/04	
Pit will be constructed as per Master plan approved 12/20/04	
I hereby certify that the information above is true and complete to the best of my known	oxyledge and helief. I further contituthet any nit on helem
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general pe	
grade dank has been will be constituted of closed according to 1442005 gardennes, a general pr	and 23 or an (actuencu) acternative OCD-approved plan
SIGNATURE (Ina) Hunta TITLE Regulatory C	Compliance Supervisor DATE April 19, 2005.
SIGNATURE TITLE Regulatory Compliance Supervisor DATE April 19, 2005.	
Type or print name Tina Huerta E-mail address: tinah@yr	ocnm.com Telephone No. <u>505-748-1471</u>
A A	10. <u>505-740-14/1</u>
For State Use Only	A AL A ADD 10 none
APPROVED BY:	CONTRI L'ANDRE L'AS CONTRI L'A
Conditions of Approval (if any):	
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