

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

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

WELL API NO. 30-015-23149
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-2919
7. Lease Name or Unit Agreement Name SRC KZ State
8. Well Number 6
9. OGRID Number 025575
10. Pool name or Wildcat Penasco Draw; Morrow

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>1</u> : Township <u>19S</u> Range <u>24E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3684' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/10/14 - NU BOP.  
3/11/14 - RIH with GR/JB to 7420 ft. Set a 4-1/2" CIBP at 7418'. Tagged CIBP. Pumped 120 bbls fresh water. Casing did not load. Pumped 25 sx Class "H" cement.  
3/12/14 - Tagged CIBP. No plug. Tagged CIBP. Spotted 30 sx Class "H" Neat cement. WOC.  
3/13/14 - Tagged plug at 6990'. Pumped 100 bbls mud. Perforated at 5298'. Pumped 50 sx Class "C" Neat cement. Displaced to 5148'. Perforated at 4080'. Pumped 50 sx Class "C" Neat cement. Displaced to 3930'. Perforated at 2034'. Pumped 50 sx Class "C" Neat cement. Displaced to 1884'.  
3/14-16/14 - Tagged cement at 1822'. Perforated at 1053'. Pumped 50 sx Class "C" Neat cement. Displaced to TOC to 903'. WOC.  
3/17/14 - Tagged plug at 860'. OCD ok'd. Perforated at 456'. Pumped 45 sx Class "C" Neat cement. Displaced to TOC to 306'.  
3/18/14 - Tagged plug at 267'. OCD ok'd. Perforated at 100'. ND BOP. Pumped 50 sx Class "C" Neat cement. Circulated out 8-5/8" to surface.  
3/25/14 - Dug out cellar and cut off wellhead. Installed dry hole marker. Filled cellar. **WELL IS PLUGGED AND ABANDONED.**

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms: <a href="http://www.emnrd.state.nm.us/oecd/">www.emnrd.state.nm.us/oecd/</a>	Spud Date: _____	Rig Release Date: _____	RECEIVED APR 03 2014 NMOCD ARTESIA
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Tina Huerta TITLE: Regulatory Reporting Supervisor DATE: April 2, 2014

Type or print name: Tina Huerta E-mail address: tinah@yatespetroleum.com PHONE: 575-748-4168

For State Use Only

APPROVED BY: [Signature] TITLE: District Supervisor DATE: 4-8-14

Conditions of Approval (if any): Submit Subsequent C-103