| Submit 3 Copies To Appropriate District Office   | State of New Mexico                    |                           | Form C-103                          |                      |        |
|--|--|---------------------------|-------------------------------------|----------------------|--------|
| <u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resources |                           | Revised March 25, 1999 WELL API NO. |                      |        |
| District II  | OIL CONSERVATION DIVISION              |                           | 30-015-32675                        |                      |        |
| 811 South First, Artesia, NM 88210 District III  | 1220 South St. Francis Dr.             |                           | 5. Indicate Type of Lease           |                      |        |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  | Santa Fe, NM 87505                     |                           | STATE X FEE                         |                      |        |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | 54141 5, 1411 5,                       | 6. State Oil & G          | as Lease No.                        |                      |        |
| SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS   | CES AND REPORTS ON WELLS               |                           | 7. Lease Name or                    | Unit Agreement Name  | e:     |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |  |                           | Refuge BCR State                    |                      |        |
| 1. Type of Well:   | 2 <u>2.</u> 4                          | 730 /                     | , Kerege Bek 3                      | idio                 |        |
| Oil Well Gas Well X  | Other                                  |                           |                                     |                      |        |
| 2. Name of Operator  | 17.                                    | 7 × ×                     | 8. Well No.                         |                      |        |
| Yates Petroleum Corpoi   |  | 200 m                     | 1                                   |                      |        |
| 3. Address of Operator<br>105 S. 4 <sup>th</sup> Street Artesi   | ia NM 99310                            | ECEIVED 5                 | 9. Pool name or                     |                      |        |
| 105 5. 4" Sireer Arres   | ia, NM 88210                           | ECEIVED 37                | Undesignated                        | l Riverside Morrov   | ٧      |
| 4. Well Location   | /cz-                                   | , 6°/                     |                                     |                      |        |
| Unit LetterO : 6   | 60 feet from the South                 | Tine and 1330             | feet from theE                      | -ast line            |        |
|  |  |                           |                                     | <u> </u>             |        |
| Section 36   | Fownship 16S Range                     | 26E NMF                   |                                     | County               |        |
|  | 10. Elevation (Show whether DI         |                           | .)                                  |                      |        |
| 11 Charle A  | nnranriata Pay ta Indianta N           |                           | 2                                   |                      |        |
| NOTICE OF IN   | ppropriate Box to Indicate Na          |                           | SEQUENT REF                         |                      |        |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                       |                           |                                     | ALTERING             |        |
|  |  | REMEDIAL WORK             |                                     | CASING [<br>PLUG AND |        |
| TEMPORARILY ABANDON  | CHANGE PLANS                           | COMMENCE DRIL             |                                     | ABANDONMENT [        |        |
| PULL OR ALTER CASING   | COMPLETION                             | CASING TEST AN CEMENT JOB | D                                   |                      |        |
| OTHER:   |  | OTHER: 5' new ho          | ole                                 | X                    | —<br>7 |
| 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. |  |                           |                                     |                      |        |
| •  |  |                           |                                     |                      |        |
| 7/3/03 – TD 35'. Made 5' new   | hole at 10:30 AM. Hole size 1          | 2-1/4".                   |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
|  |  |                           |                                     |                      |        |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                               |  |                           |                                     |                      |        |
| A: 1) L  |  |                           |                                     |                      |        |
| SIGNATURE  | TITLE Regulatory                       | Compliance Sup            | <u>oervisor</u> DATE                | July 8, 2003         |        |
| Type or print name Ting L. Huer  | rta                                    |                           | Telephone N                         | To. 505-748-1471     |        |
| (This space for State use)   | $\epsilon \cdot \alpha^{\epsilon}$     |                           |                                     |                      | -      |
| APPPROVED BY FOR Conditions of approval, if any:   | RECORDS ONLY TITLE                     |                           |                                     | D <b>WL 11 213</b>   | _      |