

State of New Mexico  
Energy, Minerals and Natural Resources**RECEIVED**

## OIL CONSERVATION DIVISION

FEB 13 2009

1220 South St. Francis Dr.

Santa Fe, NM 87505

**HOBBSOCD**

WELL API NO.

30-025-22509

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

VO-5487

7. Lease Name or Unit Agreement Name

Tubb State Unit

8. Well Number

1

9. OGRID Number

025575

10. Pool name or Wildcat

X-4 Ranch Wildcat 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 ☒ Gas Well ☒ Other ☒

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, NM 88210

4. Well Location

Unit Letter G : 1780 feet from the North line and 1980 feet from the East line

Section 16 Township 10S Range 34E NMMPM Lea County

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

4234' GR

## 12. 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 COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐ Name Change ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

OPER. OGRID NO. 25575  
PROPERTY NO. 37600  
POOL CODE 97049  
EFF. DATE 2-18-09  
API NO. 30-025-22509

Former Well Name:

Tubb State Unit #1

New Well Name:

Tubb BNK State Com #1

Effective 2/18/09

Spud Date:

Rig Release Date:

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

SIGNATURE Allison Barton TITLE Regulatory Compliance Technician DATE 2/12/09Type or print name Allison Barton E-mail address: abarton@ypcnm.com PHONE: (575) 748-4385

For State Use Only

APPROVED BY: Cam W. Lipp TITLE DISTRICT 1 SUPERVISOR DATE FEB 18 2009

Conditions of Approval (if any):