

RECEIVED

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

WELL API NO.

30-037-20081

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LH-5433

7. Lease Name or Unit Agreement Name

Carea BDL State

8. Well Number

1

9. OGRID Number

025575

10. Pool name or Wildcat

Wildcat Precambrian

SUNDY 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 S. 4th Street, Artesia, NM 88210

4. Well Location

Unit Letter A : 660 feet from the North line and 660 feet from the East lineSection 26 Township 9N Range 28E NMPM Quay County

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

4411'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 COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Spud and surface casing ☒

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.

11/30/03 - Spudded well at 8:00 AM. Set 40' of 20" conductor.

12/2/03 - Resumed drilling at 9:00 PM. Set 13-3/8" 48# casing at 645'. Cemented with 695 sx Class "C" with additives. Cement circulated to surface. WOC 23 hrs 30 mins. Reduced hole and resumed drilling.

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

SIGNATURE: Tina Huerta TITLE: Regulatory Compliance Supervisor DATE: December 9, 2003Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471
(This space for State use)APPROVED BY: [Signature] TITLE: DISTRICT SUPERVISOR DATE: 12/15/03
Conditions of approval, if any: