

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720
District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 21743

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:G 2. Name of Operator YATES PETROLEUM CORPORATION 3. Address of Operator 105 S 4TH ST , ARTESIA , NM 88210 4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>N</u> line and <u>760</u> feet from the <u>W</u> line Section <u>32</u> Township <u>11S</u> Range <u>27E</u> NMPM <u>Chaves</u> County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3677 GR.		WELL API NUMBER 30-005-63768
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LACROSSE STATE UNIT		
8. Well Number 001		
9. OGRID Number 25575		
10. Pool name or Wildcat		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Drilling/Cement <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 1/7/06 Resumed drilling at 10:00 AM. Dumped 9 yards redi-mix down conductor. WOC. 1/10/06 Set 8-5/8" 24# J-55 ST&C 8rd casing at 1075'. Cemented with 100 sx RFC with 5#/sx D24 + 1/8#/sx D130 (yld 1.6, wt 14.2) and 400 sx 35-65 Poz "C" with 5% D44 + 3% S1 + 5#/sx D24 + .25#/sx D29 + .3% D46 + 6% D20 (yld 2.09, wt 12.6). Tailed in with 200 sx "C" with 2% S1 (yld 1.32, wt 14.8). Cement circulated to surface. Tested casing to 1500 psi for 30 min. WOC 21 hrs. Reduced hole to 7-7/8" and resumed drilling. 9/30/2005 Spudded well.		

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
	Surf		12.25	8.625	24		0	1075	700						

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Regulatory Agent DATE 1/18/2006
Type or print name Debbie Caffall E-mail address debbiec@ypcnm.com Telephone No. 505-748-4376

For State Use Only:

APPROVED BY: Bryan Arrant TITLE Geologist DATE 1/20/2006 9:54:30 AM