

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-33401
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-120
7. Lease Name or Unit Agreement Name Medano VA State
8. Well Number 8
9. OGRID Number 025575
10. Pool name or Wildcat Los Medanos Delaware

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>16</u> Township <u>23S</u> Range <u>31E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3392'GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <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.

11/5-7/04 – Tested production casing to 1000 psi for 30 min.
11/8/04 – TOC 5280'. No cement from 4003'-5280'. Cement from 540'-4003'. No cement from surface to 540'.
11/9/04 – Perforate 4 squeeze holes at 500'.
11/10/04 – Pumped 110 sx "C" with 2% CC through squeeze holes at 500'. Circulated 10 sx cement to pit. Left TOC in 5-1/2" casing at 450'.
11/11/04 – Tagged cement at 400'. Drilled cement from 400'-505'. Fell out of cement. Circulated clean. Perforate Delaware 8034'-8038' (5), 8058'-8068' (11), 8084'-8088' (5), 8114'-8124' (11) and 8132'-8138' (7) for a total of 39 holes.
11/12-14/04 – Pumped 2000g 7-1/2% IC HCL ahead of frac. Frac w/XL Delta Waterfrac with 1070 bbls fluid, 76100# 20/40 RCS.
11/17/04 – Perforate Delaware 7896'-7910' (15) and 7938'-7948' (11) for a total of 26 holes. Pumped 2000g 7-1/2% IC HCL ahead of frac. Frac w/20# borate XL gel with 825 bbls fluid, 50000# 20/40 RCS.
11/24-28/04 – Perforate Delaware 6738'-6770' (32). Pumped 2000g 7-1/2% IC HCL ahead of frac. Frac w/XL Delta Waterfrac with 1030 bbls fluid, 80940# 20/40 RCS.
12/1/04 – Perforate Delaware 6840'-6844' (5) and 6964'-6968' (5) for a total of 10 holes. Acidize w/800g 7-1/2% HCL acid.

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 Tina Huerta TITLE Regulatory Compliance Supervisor DATE December 8, 2004

Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only
APPROVED BY: TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE DEC 13 2004

Conditions of Approval (if any):