Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
<u>Dístrict I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-005-62810
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		LG-5246
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Pathfinder AFT State
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number
Name of Operator Yates Petroleum Corporati	ion	9. OGRID Number 025575
3. Address of Operator		10. Pool name or Wildcat
105 S. 4 th Street, Artesia,	NM 88210	Diablo Fusselman
4. Well Location Unit Letter J: 1650 feet from the South line and 1980 feet from the East line		
Section 21 Township 10S Range 27E NMPM Chaves County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3835'GR		
Pit or Below-grade Tank Application or Closure		
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 IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	PLUG AND ABANDON REMEDIAL WO	RILLING OPNS. PLUG AND ABANDON
OTHER:	☐ OTHER: Back	on production
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.		
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Well is back on production 12/2004	•	
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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	r closed according to NNOCD guidelines [], a general permit	or an (attached) alternative OCD-approved plan .
SIGNATURE June Hu	rabove is true and complete to the best of my knowled reclosed according to NMOCD guidelines , a general permit Regulatory Compliance Superviserta E-mail address: tinah@ypcnm	DATE December 30, 2004
Type or print name Tina Huer	rta e E-mail address: <u>tinah@ypcnm</u>	.com Telephone No. <u>505-748-1471</u>
For State Use Only		
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE
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