

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. 30-005-63690
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name Springer TK State Com
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	8. Well Number 3	9. OGRID Number 025575
2. Name of Operator Yates Petroleum Corporation	10. Pool name or Wildcat Wildcat Precambrian	
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210		
4. Well Location Unit Letter C : 660 feet from the North line and 1650 feet from the West line Section 26 Township 4S Range 24E NMPM Chaves County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4048'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: Intermediate casing <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.

12/28/04 – Fish in the hole. Pumped cement plug (460 sx “H” with .9% D65 + 0.5% D13, yld .9 cu ft/sx, wt 18). Calculated TOC 700’ WOC. RIH and tagged cement at 984’. Orient bit back into sidetrack hole after connection.
1/2/05 – Set 8-5/8” 24# J-55 ST&C 8rd casing at 1666’. Cemented with 300 sx 35:65 Poz “C” with 6% D20 + 5% D44 + 3% S1 + .25#/sx D29 + 5#/sx D24 + .2% D46 (yld 2.1, wt 12.6). Tailed in with 200 sx “C” with 2% S1 (yld 1.32, wt 14.8). Cement circulated to surface. WOC. Tested casing to 1000 psi for 30 min. WOC 29 hrs. Reduced hole to 7-7/8” and resumed drilling.

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 January 7, 2005

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

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE JAN 12 2005

Conditions of Approval (if any):