

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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

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

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-31055

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-10716-1

7. Lease Name or Unit Agreement Name:
Telescope 28 State Com

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 ☐ Gas Well ☒ Other ☐

RECEIVED

2. Name of Operator
Yates Drilling Company

JAN 10 2005

3. Address of Operator
105 South 4th St., Artesia, NM 88210

8. Well No.
1

9. Pool name or Wildcat
Winchester Morrow

4. Well Location

Unit Letter G : 1980 feet from the N line and 1650 feet from the E line

Section 28 Township 19S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3384' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING
CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND
ABANDONMENT ☐

PULL OR ALTER CASING ☐

MULTIPLE
COMPLETION ☐

CASING TEST AND
CEMENT JOB ☐

OTHER: Perf ☒

OTHER: ☐

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 recompilation.

Yates Drilling Company plans to perforate 10,874' -10,880', 10,884'-10,890', 10,894'-10,896', 4 SPF.
We will test and acidize and frac, if needed.

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

SIGNATURE Karen J. Leishman TITLE Engineering Tech. DATE 1/6/2005

Type or print name Karen J. Leishman

Telephone No. 505-748-8463

(This space for State use)

APPROVED BY FOR RECORDS ONLY TITLE
Conditions of approval, if any:

JAN 10 2005
DATE