

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-005-63737

5. Indicate Type of LeaseSTATE ☒ FEE ☐**6. State Oil & Gas Lease No.**

VO-5730

7. Lease Name or Unit Agreement Name:

Brick State Unit

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 ☒ Other ☐**RECEIVED****2. Name of Operator**

Yates Petroleum Corporation

MAR 02 2005

OIL-ADTEC

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

8. Well No.

1

9. Pool name or Wildcat

Wildcat Precambrian

4. Well Location

Unit Letter: D : 900 feet from the North line and 660 feet from the West line
 Section 9 Township 8S Range 27E NMPM County Chaves

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3946'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: Corrected Intermediate Casing Size ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

12. 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.

Yates Petroleum Corporation wishes to change and correct the proposed intermediate casing program of the above captioned well to an 11.0" Hole Size and 8.625" Casing Size from an 7.875" Hole Size and 5.5" Casing Size. The Casing Weight/ft, Setting Depth and Sacks of Cement is correct as submitted on the C-101.

Thank you.

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

SIGNATURE Robert Asher TITLE Regulatory Agent DATE 03/02/05Type or print name Robert AsherTelephone No. (505) 748-4376

(This space for State use)

TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 02 2005

Conditions of approval, if any: