

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. 30-015-33857
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 Barrel BFK State Com
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		8. Well Number 1
2. Name of Operator Yates Petroleum Corporation		9. OGRID Number 025575
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210		10. Pool name or Wildcat Undesignated Sage Draw Atoka
4. Well Location Unit Letter <u>D</u> : <u>990</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>16</u> Township <u>25S</u> Range <u>26E</u> NMPM <u>Eddy</u> County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3368'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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion Operations <input checked="" type="checkbox"/>
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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.

8/11/05 - TOC 8060' est. Perforate Morrow 12,058'-12,064' (37).
8/12/05 - Acidize Morrow with 1000g 7-1/2% MSA acid.
8/19/05 - Perforate Morrow 11,796'-11,802' (37).
8/22/05 - Acidize Morrow with 750g 7-1/2% IC HCL.
8/30/05 - Perforate Morrow 11,662'-11,674' (72).
8/31/05 - Acidize Morrow with 1000g 7-1/2% MSA.
9/2/05 - Perforate Morrow 11,744'-11,756' (72).
9/7/05 - Set CIBP at 11,600' with 35' cement on top.
9/8/05 - Perforate Atoka 11,352'-11,356' and 11,408'-11,420' with 98 - .42" holes. Set packer at 11,264'.
9/9/05 - Acidize Atoka with 1500g 7-1/2% MSA.

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 September 14, 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 SEP 20 2005

Conditions of Approval (if any):