Submit 3 Copies To Appropriate District Office	State of New Mexico	APR 3 0 2009	Form C-103
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.	May 27, 2004
<u>District II</u> 1301 W Grand Ave , Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	30-015-23660 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S St. Francis Dr , Santa Fe, NM 87505		NM-L5	
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		7. Lease Name or Unit	
		STATE 32	2 COM
		8. Well Number	8. Well Number
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 SPRINGS MORROW	
4. Well Location			
Unit Letter G: 20 Section 32	feet from the North line and Township 20S Range 26E	NMPM Eddy	East line County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.		A STATE OF THE STA
Pit or Below-grade Tank Application or C			
Pit Liner Thickness: mil	Distance from nearest fresh water well Delow-Grade Tank: Volume bbls;	Ostance from nearest surface wa	ter
	ppropriate Box to Indicate Nature of Notice	e, Report or Other Data	
	PLUG AND ABANDON REMEDIAL WÓ CHANGE PLANS COMMENCE DI MULTIPLE COMPL CASING/CEME	NT JOB 🗌	ERING CASING BAND ABANDON BAND A
OTHER:	OTHER:		
 Describe proposed or complet of starting any proposed work or recompletion. 	ted operations. (Clearly state all pertinent details, as). SEE RULE 1103. For Multiple Completions:	and give pertinent dates, inc Attach wellbore diagram of	luding estimated date proposed completion
by US 285 and/or one and one half abandoned due to age and environ	ectively requests the extension of the SIR. This finiles of distance to the nearest well. The only mental concerns. When available infrastructures.	y gas pipeline in the area re is available, the well wi	has been Il be connected.
Upon approval of this request, an MIT	shall be performed. Operator will notify district 2-	4 hours prior to performing	MIT test.
DENIED. J	THE OF LOSA PLODUCTION RE	HORT 3(1)75	
	TA STATUS UXPILES \$/29	1/2004, REVERUAL 1	USE DA
	WELL MUST BE RETAINED OF THE	TO 5/29/200	٦.
	THE OF LAST PLODUCTION RETAINS EXPIRES 5/29 WELL MUST BE RETURNED TO ALA PLAN SUBMITTED PROPERTY.	PUHANO INDE- OCC	COMPLANCE OCGU
Thereby certify that the information at	pove is true and complete to the best of my knowled psed according to NMOCD guidelines [], a general permit [age and benet. I further ceru	ty that any pit or below-
SIGNATURE SUSAN SZ	TITLE Regulatory Complete Dez E-mail address: susanl@ypcnm.	liance Tech DATE	<u> April 29, 2009</u>
Type or print name Susan S. Lop	pez U E-mail address: susanl@ypcnm.	com Telephone No	575-748-1471
For State Use Only APPROVED BY:	TITLE	, DA1	5 5/1/09
Conditions of Approval (if any):	IIILE	DA!	L Jillot