| Submit 3 Copies To Appropriate District   | State of New Mexico                    |                      | 6/3/                                | Form C-103               |  |
|---|--|----------------------|-------------------------------------|--------------------------|--|
| Office  | Energy, Minerals and Natural Resources |                      | y y                                 | Revised March 25, 1999   |  |
| District I<br>1625 N. French Dr., Hobbs, NM 88240                                   |  |                      | WELL API NO.                        | , , ,                    |  |
| District II<br>811 South First, Artesia, NM 88210                                   | OIL CONSERVATION DIVISION              |                      | 30-005-63396                        |                          |  |
| District III  | 1220 South St. Francis Dr.             |                      | 5. Indicate Type of                 |                          |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV                                 | Santa Fe, NM 87505                     |                      | STATE 2                             |                          |  |
| 220 S. St. Francis Dr., Santa Fe, NM  |  | VO-5373              | as Lease 140.                       |                          |  |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS   |  |                      |                                     | Unit Agreement Name:     |  |
| (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.) |  |                      | Chester AYC S                       | State                    |  |
| 1. Type of Well:  |  |                      |                                     |                          |  |
| Oil Well Gas Well X   | Other                                  |                      |                                     |                          |  |
| 2. Name of Operator   |  | 4. 意                 | 7. Well No.                         |                          |  |
| Yates Petroleum Corporation  3. Address of Operator  RECEIVED                       |  |                      | #1 8. Pool name or                  | Wildcat                  |  |
| -   | ia, NM 88210                           | CD ARTES             | Buffalo Va                          |                          |  |
| 1000.4 311001 71103   | 3,1474,002,10                          | WILESIA              | Dollato Val                         | iic y i ciiii            |  |
| 4. Well Location  |  |                      |                                     |                          |  |
|   |  |                      |                                     |                          |  |
| Unit Letter N: 6  | feet from the South                    | line and1650         | feet from the                       | West line                |  |
| Section 9   | Township 15S Range                     | 28E NM               | IPM Chaves                          | County                   |  |
| Section /   | 10. Elevation (Show whether I          |                      |                                     | County                   |  |
| 3565' GR  |  |                      |                                     |                          |  |
| 11. Check A   | ppropriate Box to Indicate N           | Nature of Notice,    | Report or Other I                   | Data                     |  |
| NOTICE OF INTENTION TO: SUB   |  |                      | SÉQUENT REI                         | PORT OF:                 |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                       | REMEDIAL WOR         | RK                                  | ALTERING<br>CASING       |  |
| TEMPORARILY ABANDON   | CHANGE PLANS                           | COMMENCE DR          | DRILLING OPNS. PLUG AND ABANDONMENT |                          |  |
| PULL OR ALTER CASING  | MULTIPLE<br>COMPLETION                 |                      | SING TEST AND MENT JOB              |                          |  |
|   | COMPLETION                             |                      |                                     |                          |  |
| OTHER:  |  |                      | cement production of                |                          |  |
| Describe proposed or completed or   |  |                      |                                     |                          |  |
| starting any proposed work). SEE I recompilation.                                   | RULE 1103. For Multiple Comp.          | letions: Attach well | oore diagram of prop                | osed completion or       |  |
| 8/12/01 – Run DST #1 9403-93  | 72'.                                   |                      |                                     |                          |  |
| 8/14/01 - Reached TD of 950   |  |                      |                                     |                          |  |
| 8/15/01 – Run open hole logs. Logger's TD 9437'.                                    |  |                      |                                     |                          |  |
| 8/16/01 - Ran 224 joints (9527.35') casing set at 9508' as follows:                 |  |                      |                                     |                          |  |
| 51 joints 4-1/2" 11.6# P110 SB (2167.88')   |  |                      |                                     |                          |  |
| 173 joints 4-1/2" 11.6# P110 N  |  |                      |                                     |                          |  |
| Float shoe set at 9508'. Float<br>Cemented with 1000 sxs Supe                       |  | 344 + 4% CEP3 +      | 5 pps ailsonite (v                  | ld 1 66 wt 131           |  |
| PD at 6:30 PM. Bumped plug  |  |                      | o pps glisorine (y                  | a 1.00, wi 10j.          |  |
| 8/17/01 – Rig released at 12:3  |  |                      |                                     |                          |  |
|   |  |                      |                                     |                          |  |
| I hereby certify that the information   | above is true and complete to th       | e best of my knowle  | dge and belief.                     |                          |  |
| SIGNATURE Morin III   | perTITLE                               | Engineering Tec      | hnician DATE                        | January 17, 200 <u>2</u> |  |
|   | 1                                      |                      |                                     | No. <b>505-748-1471</b>  |  |
| Type or print name Susan He (This space for State year) ORIG                        | HNAL SIGNED BY TIM W. GU               | JM                   | 1 elephone                          |                          |  |
|   | RICT II SUPERVISOR                     |                      |                                     | JAN 28 2000              |  |
| APPPROVED BY  | TITLE                                  |                      |                                     | DATE                     |  |
| Conditions of approval, if any:   |  |                      |                                     |                          |  |