Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-005-20474 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 K-6795 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or 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 Lovelady SWD PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other SWD 2. Name of Operator 9. OGRID Number Yates Petroleum Corporation 025575 3. Address of Operator 10. Pool name or Wildcat 105 S. 4th Street, Artesia, NM 88210 SWD-San Andres 4. Well Location 1980 feet from the Unit Letter South line and 1980 feet from the East line **8**S Section 31 Township Range **NMPM** Chaves County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4387.5'GR Pit or Below-grade Tank Application 🔲 or Closure 🔲 Pit type ______ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _ Pit Liner Thickness: Below-Grade Tank: Volume bbls; Construction Material 12. 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 (1994) 18 1 ALTERING CASING 🔲 TEMPORARILY ABANDON CHANGE PLANS П COMMENCE DRILLING OPNS. PLUG AND ABANDON \Box PULL OR ALTER CASING \Box MULTIPLE COMPL CASING/CEMENT JOB OTHER: Wellname correction OTHER: 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. Correct wellname from Lovelady ADN State #1 to Lovelady SWD #1 effective 12/2005 OPER, OGRID NO._ PROPERTY NO. Received POOL CODE. EFF. DATE 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines ., a general permit or an (attached) alternative OCD-approved plan . SIGNATURE TITLE Regulatory Compliance Supervisor DATE December 15, 2005

Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only APPROVED BY: TITLE PETROLEUM ENGINEER DATE

DATE

DATE