

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. 30-025-27993
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-2670
7. Lease Name or Unit Agreement Name Dove VK State
8. Well Number 1
9. OGRAS Number 025575
10. Pool name or Wildcat Lazy J Penn
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>3</u> Township <u>14S</u> Range <u>33E</u> NMPM <u>Lea</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4232' GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type <u>Steel</u> Depth to Groundwater <u>N/A</u> Distance from nearest fresh water well <u>N/A</u> Distance from nearest surface water <u>N/A</u>
Pit Liner Thickness: <u>N/A</u> mil Below-Grade Tank: Volume <u>N/A</u> bbls; Construction Material <u>N/A</u>

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 P&A

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 S. 4th Street, Artesia, NM 88210

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	P & A <input checked="" type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

**Approved as to plugging of the Well Bore.
 Liability under bond is retained until
 surface restoration is completed.**

- 2-13-06 MIRU WSU. ND WH. NU BOP.
- 2-14-06 RIH and set 5-1/2" CIBP @ 9706'. Wireline stuck.
- 2-15-06 RIH and work spear around line. Retrieved all line. Setting tool fell to bottom.
- 2-17-06 Tagged tool or CIBP @ 9670'. Circulated hole w/10# mud and spotted 25 sx cement plug 9670-9377'.
- 2-20-06 Tagged cement @ 9430'. Spotted 25 sx 9128-8875'. PUH and spotted 25 sx 7758-7505'.
- 2-21-06 Perforated @ 5588'. Spotted 30 sx cement @ 5607'. WOC. Tagged plug @ 5295'. Perforated @ 4244'. Squeezed w/30 sx.
- 2-22-06 RIH - no tag. Spotted 25 sx 4271-4018'. WOC. Tagged @ 4100'. Perforated @ 2678' and squeezed w/50 sx.
- 2-23-06 Tagged @ 2430'. Perforated @ 1660'. Squeezed w/30 sx. WOC. Tagged plug @ 1530'. Perforated @ 492'. Squeezed w/30 sx. WOC. Tagged @ 385'. Perforated @ 60'. Squeezed 20 sx to surface. Cut off wellhead, installed marker and cleaned up location.

WELL IS PLUGGED AND ABANDONED. FINAL REPORT.

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 Stormi Davis TITLE Regulatory Compliance Technician DATE 3-6-06

Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471

For State Use Only
 APPROVED BY: Larry W. Wank TITLE _____ DATE MAR 09 2006
 Conditions of Approval (if any) _____