

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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised June 10, 2003

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		WELL API NO 30-015-00215																				
2. Name of Operator Yates Petroleum Corporation		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>																				
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210		6. State Oil & Gas Lease No.																				
4. Well Location Unit Letter <u>G</u> : <u>1650'</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>21</u> Township <u>18S</u> Range <u>26E</u> NMPM <u>EDDY</u> County		7. Lease Name or Unit Agreement Name DAYTON TOWNSITE COM SWD																				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 1																				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0"><tr><td colspan="2">NOTICE OF INTENTION TO:</td><td colspan="2">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABANDONMENT <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>MULTIPLE COMPLETION <input type="checkbox"/></td><td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td><td></td></tr><tr><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2">OTHER: OUT OF SERVICE <input checked="" type="checkbox"/></td></tr></table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER: OUT OF SERVICE <input checked="" type="checkbox"/>		9. OGRID Number 025575
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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. WELL IS OUT OF SERVICE DUE TO HIGH PRESSURE. EVALUATION PENDING. <u>Last injection 12/2003.</u>		10. Pool name or Wildcat SWD PENN																				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Michelle Taylor TITLE: Regulatory Compliance Mgr DATE: 04-08-04

Type or print name Michelle Taylor E-mail address: _____ Telephone No. 505-748-1471
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: Accepted for record - NMOC