Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-015-27098 Distract II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 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 E-10167 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 Boyd X State Com PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other RECEIVED 9. OGRID Number 2. Name of Operator OCT 2 2 2004 Yates Petroleum Corporation 025575 3. Address of Operator 10. Pool name or Wildcat OCD-ARTESIA 105 S. 4<sup>th</sup> Street, Artesia, NM 88210 Dagger Draw Upper Penn, North 4. Well Location 1980 feet from the Unit Letter L South line and 860 feet from the West line 29 Township 19S **NMPM** Section Range Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3532'GR Pit or Below-grade Tank Application or Closure 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 ALTERING CASING П **CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS.□ PLUG AND ABANDON □ PULL OR ALTER CASING П MULTIPLE COMPL  $\Box$ **CASING/CEMENT JOB** OTHER: Back on production 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. Well is back on production 10/2004. I hereby certify that the information above 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 \_. TITLE Regulatory Compliance Supervisor DATE October 22, 2004 **SIGNATURE** Type or print name E-mail address: <u>tinah@ypcnm.com</u> Telephone No. 505-748-1471 For State Use Only

TITLE

APPROVED BY:

Conditions of Approval (if any):