Coloura Con Consulta Appropriata District				E G 102	
Submit One Copy To Appropriate District Office	State of New Me	-	·Rev	Form C-103 rised November 3, 2011	
<u>District I</u> 1625 N French Dr , Hobbs, NM 88240				WELL API NO.	
District II 811 S First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-015-37941		
District III 1220 South St. Francis Dr.		icis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☐		
1000 Rio Brazos Rd, Aztec, NM 87410 District IV Santa Fe, NM 87505		7505	6. State Oil & Gas Lease No.		
1220 S St Francis Dr, Santa Fe, NM 87505			VB 679		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Uni	t 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			Buho BQH State		
PROPOSALS)			8. Well Number: 2		
1. Type of Well: Oil Well Gas Well Other: P&A 2. Name of Operator			9. OGRID Number		
Yates Petroleum Corporation			025575		
3. Address of Operator			10. Pool name or Wildcat		
105 South 4 th Street, Artesia, NM 88210			Wildcat, Bone Springs		
4. Well Location Unit Letter A : 535 f	eet from the North li	ne and 330	_feet from the <u>E</u> a	est line	
Unit Letter A: 535 feet from the North line and 330 feet from the East line Section 36 Township 26S Range 28E NMPM County: Eddy					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
2950' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON					
PULL OR ALTER CASING I	WOLTIPLE COMPL	CASING/CEMENT	JOB []		
OTHER:	V		ady for OCD inspectio	n after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
ODED ATOD NAME, LEASE NAME, WELL NUMBER, ADIANABED, OLIADTERIOUADTER LOCATION OF					
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
The location has been leveled as no	early as nossible to original grow	ad contour and has b	een cleared of all junk	rrach flow lines and	
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.					
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed					
from lease and well location.	n 3 pie perime and closure plan.	All flow filles, produ	etion equipment and jui	ik flave beeff fellloved	
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
to be removed.) All other environmental concerns have been addressed as per OCD rules.					
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-					
retrieved flow lines and pipelines.					
If this is a one-well lease or last rel		al service poles and	lines have been remove	d from lease and well	
location, except for utility's distribution	i initastructure.				
When all work has been completed, ret	arn this form to the appropriate D	istrict office to sche		The Chair and I give (Fill)	
SIGNATURE SIGNATURE	TITLE: C	onstruction Supervis	or DATE: <u>03/12/</u>	RECEIVED	
		_		MAR 13 2012	
TYPE OR PRINT NAME Scott Pitts For State Use Only	E-MAIL: scottp@yatespe	etroleum.com PHC	DNE: <u>575-748-1471</u>	1	
1 Or Otalic Ook Offly		+ + 01		NMOCD ARTESIA	
APPROVED BY	TITLE C	to Refer	DA DA	TE 3/15/2012	
Conditions of Approval (if any):					