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State of New Mexico Energy, Minerals and Natural Resources

Form C-103 May 27, 2004

325 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II	OIL CONSEDUATION	DIVISION	30-015-32902	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE		
District IV Santa Fe, NM 87505		505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreen	nent 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 PROPOSALS.)		Imperial Stout AXL		
1. Type of Well: Oil Well Gas Well Other		8. Well Number		
BECEIVED		CFIVED	1	
2. Name of Operator			9. OGRID Number	
Yates Petroleum Corporation		N 2 9 2005	025575	
3. Address of Operator		10. Pool name or Wildcat		
105 S. 4 th Street, Artesia, NM	88210	Taran and the second of the se	Kennedy Farms; Morn	ow
4. Well Location				
Unit Letter G: 140	0 feet from the North	line and	1650 feet from the East	st <u>line</u>
Section 11	Township 7S Rai	nge 26E	NMPM Eddy Count	v
	1. Elevation (Show whether DR,			
225 Year 1 286 P 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3306			
Pit or Below-grade Tank Application or Cl	osure 🗌		270×13367.66	
Pit type Depth to Groundwater	Distance from nearest fresh w	ater well Dis	tance from nearest surface water	
Pit Liner Thickness mil	Relow-Grade Tank: Volume	bbls: Co	instruction Material	
Pit Liner Thickness: mil	Below-Grade Tank: Volume		nstruction Material	
	Below-Grade Tank: Volume propriate Box to Indicate N			
12. Check App	propriate Box to Indicate N	ature of Notice,	Report or Other Data	
12. Check App NOTICE OF INTE	oropriate Box to Indicate N	ature of Notice,	Report or Other Data SEQUENT REPORT OF	
12. Check App NOTICE OF INTE PERFORM REMEDIAL WORK F	oropriate Box to Indicate NENTION TO: PLUG AND ABANDON	ature of Notice, SUB REMEDIAL WOR	Report or Other Data SEQUENT REPORT OF K ALTERING O	CASING
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12. Check App NOTICE OF INTE PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING N	oropriate Box to Indicate NENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL —	ature of Notice, SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	Report or Other Data SEQUENT REPORT OF K	CASING BANDON -
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12. Check App NOTICE OF INTE PERFORM REMEDIAL WORK FREMPORARILY ABANDON FOULL OR ALTER CASING NOTHER: 13. Describe proposed or complete of starting any proposed work)	Propriate Box to Indicate Note That I was a second of the	ature of Notice, SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN OTHER: Intermed	Report or Other Data SEQUENT REPORT OF K	CASING BANDON Estimated date
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I hereby certify that the information above is true and complete to the best of my knowledge and be	lief. 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 (att	ached) alternative OCD-approved plan 🔲.
SIGNATURE TITLE Regulatory Compliance Supervisor	DATE June 28, 2005
Type or print name Tina Huerta E-mail address: tinah@ypcnm.com	Telephone No505-748-1471
For State Use Only APPROVED BY:FOR RECORDS ONLY	DATEDATE
Conditions of Approval (if any):	