| Submit I Copy To Appropriate District<br>Office   | State of New Mexico   |  | Form C-103  |                          |  |
|---|---|--|---|--------------------------|--|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Na   | atural Resources                                     | WELL API NO.  | Levised August 1, 2011   |  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210  | OIL CONSERVATIO   | N DIVISION   | 30-015-20422  |                          |  |
| District III (505) 334-6178   | 1220 South St. Fr   | rancis Dr.   | 5. Indicate Type of Lea<br>STATE                    | FEE 🕅                    |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460   | Santa Fe, NM  | 87505  | 6. State Oil & Gas Lea                              |                          |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   |  |   |                          |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |   | 7. Lease Name or Unit Agreement Name<br>Gissler AV   |   |                          |  |
| PROPOSALS.) 1. Type of Well: Oil Well   | Gas Well Other P&A  | 8. Well Number<br>7                                  |   |                          |  |
| 2. Name of Operator<br>Yates Petroleum Corporation  |   | 9. OGRID Number<br>025575                            |   |                          |  |
| <ul> <li>3. Address of Operator</li> <li>105 South Fourth Street, Artesia, NM 88210</li> </ul>  |   |  | 10. Pool name or Wildcat<br>Eagle Creek; San Andres |                          |  |
| 4. Well Location  | <u> </u>  |  |   |                          |  |
| Unit Letter <u>M</u> :  |   | <u> </u>   | 990 feet from the<br>NMPM Eddy                      | <u>West</u> line         |  |
| Section 23  | Township 17S<br>11. Elevation (Show whether L                                   |  |   | County                   |  |
|   | 35  | 05'GR  |   |                          |  |
| 12. Check   | Appropriate Box to Indicate   | Nature of Notice,                                    | Report or Other Data                                | l                        |  |
| NOTICE OF I   | NTENTION TO:  | SUB:   | SEQUENT REPOR                                       | RT OF:                   |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | REMEDIAL WORK  | K 🗌 ALTE  | ERING CASING             |  |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRI   |   | NDA 🛛                    |  |
| DOWNHOLE COMMINGLE  |   | CASING/CEMENT  | Т <u>ОВ</u> П                                       |                          |  |
| OTHER:  |   | OTHER:   |   |                          |  |
|   | npleted operations. (Clearly state a work). SEE RULE 19.15.7.14 NM ecompletion. |  |   |                          |  |
| 12/30/12 – NU BOP. RIH with bit   |   |  |   |                          |  |
| "C" Neat cement. Calc TOC 500".<br>12/31/12 - Dug out cellar and cut of   |   |  |   |                          |  |
|   |   | <u> </u>   |   | · <u> </u>               |  |
|   |   |  |   |                          |  |
|   |   |  | DECEN   | 1ED ]                    |  |
|   | Approved for plugging   | of well bore only.                                   | RECEIV  | 1                        |  |
| File Current C103   | of C-103 (Subsequent)   | retained pending receipt<br>Report of Well Plugging) | JAN <b>02</b>                                       | 2013                     |  |
| for final inspecti  |   | OCD Web Page under                                   | NMOCD AF  | TESIA                    |  |
|   | POLIS, WWW.clainford  |  | TANOOD A  |                          |  |
| <b>-</b>  |   |  |   |                          |  |
| Spud Date:  | Rig Release   | Date:  |   |                          |  |
|   | J   | · ·  |   |                          |  |
| I hereby certify that the information   | n above is true and complete to the   | e best of my knowledge                               | e and belief.                                       | - <u></u>                |  |
| 1 × · · · ·   |   | ,  |   |                          |  |
| SIGNATURE (June)  | uerter TITLE R  | egulatory Reporting Su                               | upervisor DATE <u>De</u>                            | <u>, cember 31, 2012</u> |  |
| Type or print name <u>Tina H</u><br>For State Use Only  | uerta E-mail address:   | tinah@yatespetroleun                                 |   | 575-748-4168             |  |
| APPROVED BY:  | TITLE   |  | DATE 🖌  | 1/3/2013                 |  |

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| Conditions | of Ar  | proval | (if and | 5 |
|------------|--------|--------|---------|---|
| Conditions | UL PAP | provai | th any  | " |