

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

1 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM
87505

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

WELL API NO.

30-005-63551

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

VA-2015

7. Lease Name or Unit Agreement Name:

Loretta BBO State Com

8. Well No.

9. Pool name or Wildcat
Wildcat Precambrian

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 ☐ Gas Well ☒ Other ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South 4th Street, Artesia, NM 88210

4. Well Location

Unit Letter G : 1980 feet from the North line and 1980 feet from the East line

Section 19 Township 10S Range 27E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3739' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Set production casing ☒

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 recompilation.

6/5/03 - Reached TD 6530' at 7:45 PM.

6/7/03 - Set 5-1/2" 17# casing at 6530'. Cemented with 550 sx PVL with additives.

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

SIGNATURE [Signature] TITLE Regulatory Compliance Supervisor DATE June 12, 2003

Type or print name Vina Huerta

Telephone No. 505-748-1471

(This space for State use)

APPROVED BY [Signature] TITLE District Supervisor

Conditions of approval, if any:

DATE JUN 16 2003