

Submit 3 Copies To Appropriate District
Office
District I,
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 So. Broadway Rd., Aztec, NM 87410
District IV
1220 S. Santa Fe Dr., Santa Fe, NM
87506

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

WELL API NO. 30-015-24067
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name Baccarat BJB State Com
8. Well Number 1

2. Name of Operator
Yates Petroleum Corporation

9. OGRID Number 025575

3. Address of Operator
105 S. 4th Street, Artesia, NM 88210

10. Pool name or Wildcat Black River; Bone Spring, Northeast

4. Well Location
Unit Letter K : 1980 feet from the South line and 1980 feet from the West line
Section 5 Township 24S Range 27E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3209'GR

Pit or Below-grade Tank Application ☐ or Closure ☐
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: Re-Entry procedures <input checked="" type="checkbox"/>

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.

9/18/06 – MIRU to begin re-entry procedures. Drilled 17' of surface plug.
9/20/06 – Drilled 10' and fell out at 70'. Tested casing to 500 psi for 15 min, held OK.
9/25/06 – Drilled down to 2205'. Fell out of cement. Tested casing to 500 psi, held OK.
10/3/06 – Cleaned out to 8631'. Circulated clean. Found TOL 4-1/2" at 8631'.
10/6/06 – Cleaned out to 9137'.
10/9/06 – TOC at 400' Est. Perforate Bone Spring 8692'-8706' (15), 8760'-8766' (7), 8800'-8820' (21), 8830'-8840' (11), 8888'-8894' (7) and 8952'-8964' (13). Acidize with 2500g 7-1/2% IC acid and 100 balls.
10/17/06 – Set a 4-1/2" CIBP at 8655' with 35' cement on top. Perforate Bone Spring 7912'-7924' (25). Acidize with 750g 7-1/2% IC acid.
10/20/06 – Perforate Bone Spring 7128'-7132' (9), 7142'-7146' (9) and 7194'-7200' (13). Acidize with 1000g 7-1/2% IC acid.
10/24/06 – Perforate Bone Spring 6564'-6576' (25), 6610'-6616' (13) and 6644'-6650' (13). Acidize with 2000g 7-1/2% IC acid.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. 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 (attached) alternative OCD-approved plan ☐.

SIGNATURE Tina Huerta TITLE Regulatory Compliance Supervisor DATE November 17, 2006
Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only
APPROVED BY: _____ TITLE _____ DATE NOV 20 2006
Conditions of Approval (if any): _____