Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625-1√ French Dr., Hobbs, NM 88240 District II 30-015-22242 OIL CONSERVATION DIVISION 1301 W Grand Ave, Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 🖂 1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S St Francis Dr, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit 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 Mitchell IN PROPOSALS) 8. Well Number 1. Type of Well: Oil Well Gas Well Other SWD NCT 19 2007 2. Name of Operator 9. OGRID Number Yates Petroleum Corporation OCD-ARTESIA 025575 3. Address of Operator 10. Pool name or Wildcat 105 S. 4th Street, Artesia, NM 88210 San Andres 4. Well Location Unit Letter 2030 feet from the South line and 660 feet from the East line Section 23 Township 17S Range 25E **NMPM** Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3476'GR Pit or Below-grade Tank Application or Closure Depth to Groundwater Distance from nearest fresh water well ____ Distance from nearest surface water Pit Liner Thickness: 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 □ PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ PLUG AND ABANDON PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: Name Change 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. Former Wellname: Mitchell IN #2 New Wellname: Mitchell SWD #2 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 belowgrade tank has been/will be constructed or closed acording to NMOCD guidelines _, a general permit _ or an (attached) alternative OCD-approved plan _. SIGNATURE / TITLE Regulatory Compliance Supervisor DATE October 17, 2007 Tina Huerta E-mail address: <u>tinah@ypcnm.com</u> Telephone No. 505-748-1471 Type or print name **BRYAN G. ARRANT** DATE OCT 1 9 2007 For State Use Only DISTRICT II GEOLOGISTITLE APPROVED BY:

Conditions of Approval (if any):