APR -1 2010

Submit One Copy To Appropriate District	State of New Mexico	NMOCD ARTESIA	Form C-103	
Office District I	Energy, Minerals and Natural Resources		March 18, 2009	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.		
<u>District II</u> 1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-21653		
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE  6. State Oil & Gas Lease N		
District IV 1220 S St. Francis Dr , Santa Fe, NM	Santa 1 C, 14141 07303	K-4942	10.	
87505 St. Mariers Dr., Santa Fe, 1997				
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agr	reement 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		Arco EC State		
PROPOSALS.)		8. Well Number		
1. Type of Well: Oil Well Gas Well X Other PA		2		
2. Name of Operator		9. OGRID Number	1	
Yates Petroleum Corporation		025575		
3. Address of Operator		10. Pool name or Wildcat		
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210	~~	Wildcat, Cisco		
4. Well Location				
Unit Letter I: 1980 feet from the South line and 1100 feet from the East line				
Section 36 Township 17S Range 25E NMPM Eddy County				
	11. Elevation (Show whether DR, RKB, RT, GR, etc.			
The state of the s	·			
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				
PULL OR ALTER CASING	MULTIPLE COMPL, CASING/CEMEN	IT JOB		
OTHER:	☐ ☑ Location is	eady for OCD inspection aft	er P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
	ed and leveled. Cathodic protection holes have been		•	
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
CONTRACTOR VALVE A FLACE MARKE WELL A MARKED AND ANALYMED A CHARGE OF A CHARGE				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
TERMANENTLI STAMIT	ED ON THE WARKER 5 SURFACE.	* * (**	*	
The location has been leveled as r	nearly as possible to original ground contour and has	s been cleared of all junk, trasl	n. flow lines and	
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.	· · · · · · · · · · · · · · · · · · ·	1.40		
	have been removed. Portable bases have been rem	oved. (Poured onsite concrete	bases do not have	
to be removed.)	have been addressed as per OCD rules.			
Pipelines and flow lines have been	n abandoned in accordance with 19.15.35.10 NMAC	All fluids have been remov	ed from non-	
retrieved flow lines and pipelines.	a dealtoned in accordance with 15.15.55.10 1447AC	. An indias have been remov	cu nom non-	
C	• • •			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE Anny /V/A-TT	TITLE Freem	DATE	18210	
TVDE OD DDINT NAME	TO MAIL.	DILONE	,	
TYPE OR PRINT NAME	E-MAIL:	PHONE:	also	

For State Use Only

APPROVED BY Conditions of Approval (if any):