

Submit One Copy To Appropriate District	Ctata of Nov. Movies		NMOCD AHTESIA
Office	State of New Mexico		Form C-103 March 18, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II			30-015-24217
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE X
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	CES AND REPORTS ON WE	TLIS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Ingram Jackson BV
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number
PROPOSALS.)  1. Type of Well: Gas Well X Other PA			. 8
2. Name of Operator	Jas Well A Other FA		9. OGRID Number
Yates Petroleum Corporation			025575
3. Address of Operator		10. Pool name or Wildcat	
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210		Eagle Creek; San Andres	
4. Well Location			
Unit Letter_B : 330feet from the North line and 1650feet from the East_line  Section 27 Township 17S Range 25E NMPM Eddy County			
		<u> </u>	ounty
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INT	ENTION TO	CLID	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	<del>_</del>
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	· —
TOLE ON METER ON ONLY	MOETH LE COMM L	O/ (OII TO/ OEIMEIT	
OTHER:   Location is ready for OCD inspection after P&A			
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
ODED ATOD NAME I EASE NAME WELL NUMBED ADINUMBED OUADTED/OUADTED LOCATION OF			
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, 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.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
to be removed.)	s nave occurrence voa. I ortae		rea. (1 outed onote concrete outes do not have
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flow lines and pipelines. Company Contacted for pole Removal			
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When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
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SIGNATURE, Les	ls titi	Fanicannant 1	Scientist DATE 7/23/13
	11112	· ELIVITOR REPORTED	DATE 1190112
TYPE OR PRINT NAME Amanc	6 Truille E-M/	ML: adminillow w	ataretokum PHONE: (575) 748-147
For State Use Only		The Market Market	all and the second
1-11	Gum	O. 18	LScientist DATE 7/28/13  atopotoloum PHONE: (575) 748·147  DATE 8/7/13
12110 122 2	Sum TITL	E C. C.	DATE <u>8/7//3</u>
Conditions of Approval (if any):			