

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 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO. 30-015-27140
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Thistle AKT
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Eagle Creek; Strawn

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. 4 <sup>th</sup> Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>10</u> Township <u>18S</u> Range <u>25E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3526'GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Plugback and recomple <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 recomple.

12/28/05 – Began recomplection procedures.

1/4/06 – Set CIBP at 8440' with cement on top. Perforate Strawn 8172'-8184' and 8196'-8202' with 20 - .42" holes. Acidize with 2000g 20% gelled IC HCL.

1/10/06 – Set Frac plug at 8150'. Perforate Strawn 8120'-8128' (49). Acidize with 1500g 7-1/2% IC HCL.

1/17/06 – Frac Strawn with 35# CMHPG gelled 7% KCl water.

1/19/06 – Tagged frac plug at 8149'.

1/20/06 – Blanking plug broke in half, got out with half of plug. TIH with 2" bar to 8000', other half of plug fell on frac plug. TOOH with 2" bar. Got stuck at 7700', could not go up or down. Dropped cutter and did not cut line. Rigged up 2<sup>nd</sup> cutter, dropped cutter and line cut at surface. There is 7700' of line in tubing. The slickline BOP was not opening, it showed to be open so the cutter did not fall.

1/23/06 – Slickline wire stuck in the 3 jts above packer. Pulled packer out and clamped wire off. String wire back on slickline truck. Pulled wire out and left 300' wire, jars and bar on top of frac plug. NOTE: 300' slickline wire and bar on top of frac plug. Set AS-1 packer with on/off tool at 7923'.

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 January 31, 2006

Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE DATE FEB 02 2006

Conditions of Approval (if any):