

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. 30-015-04427
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-4108
7. Lease Name or Unit Agreement Name Tallmadge
8. Well Number 3
9. OGRID Number 025575
10. Pool name or Wildcat Loco Hills-Q-G-SA

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Steel 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 _____

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 P&A ☐

2. Name of Operator
Yates Petroleum Corporation

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

4. Well Location
Unit Letter A : 330 feet from the North line and 330 feet from the East line
Section 32 Township 17S Range 30E NMPM Eddy County

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

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DEC 21 2005
OCD-MTEBOM

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 checked="" 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: <input 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.

12/5/05 – Set CIBP at 2638’.

12/6/05 – RIH with packer and isolate hole at 589’. Circulated 10# mud. Dump 35’ (4 sx) cement on CIBP at 2638’. Perforated at 1208’. Test casing from 713’-1208’. Squeezed 60 sx. Displace to 1108’. WOC 1 hr. Released packer.

12/7/05 – No tag at 1208’. Spot 60 sx at 1271’-905’. Squeeze 100 sx at 105’.

12/8/05 – Tagged at 352’. Perforated at 150’. Pumped 100 bbls brine. No circulation. NOTE: Phil Hawkins (OCD) wants to squeeze. Squeeze 50 sx – no circulation.

12/9/05 – Tagged at 352’. Squeezed 35 sx cement. Displaced to 150’. WOC. Tagged at 150’. Pumped 130 bbls brine to circulate. No circulation. Squeezed 40 sx.

12/12/05 – Spotted 4 sx LCM, 6 sx gel and 10 bbls fresh water at 150’. WOC 1 hr. Squeezed 50 sx – 200 psi.

12/13/05 – Tagged at 3’. Cut off wellhead and installed dry hole marker. **WELL IS PLUGGED AND ABANDONED. FINAL REPORT.**

Approved as to plugging of the well bore. Liability under bond is retained until surface restoration, environmental remediation and final inspection is completed.

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 December 20, 2005

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 _____

Conditions of Approval (if any): _____