Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	WELL API NO. May 27, 2004
1625 N. French Dr , Hobbs, NM 88240 District II		20.015.24060
1301 W. Grand Ave., Artesia, NM 882107	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	k	
	AND DEPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	AND REPORTS ON WELLS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION		Swisher BJE State
PROPOSALS.)	W.11 M Other	8. Well Number
1. Type of Well: Oil Well Gas	Well ⊠ Other	1
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation	OCD-ARTESI	025575
3. Address of Operator	20210	10. Pool name or Wildcat
105 S. 4 th Street, Artesia, NM 8	38210	Wildcat Wolfcamp
4. Well Location		
Unit Letter M: 660		660 feet from theWest line
Section 34	Township 24S Range 27	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3292'GR Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	UG AND ABANDON ☐ REMEDIAL	
	_	E DRILLING OPNS. PLUG AND ABANDON
		EMENT JOB
		_
OTHER:	OTHER: 5'	
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.		
1		
7/3/07 – TD 105'. Made 5' new hole at 2:15 PM. Hole size 18".		
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 Charles	TITLE Regulatory Complie	nce Supervisor DATE July 5 2007
SIGNATURE TITLE Regulatory Compliance Supervisor DATE July 5, 2007		
Type or print name Tina Huerta	E-mail address: <u>tinah@ypo</u>	<u>cnm.com</u> Telephone No. <u>505-748-1471</u>
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For State Use Only	TYTY F	5.477
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE
Conditions of Approval (if any):	Yearing for	/ /

7/6/07