

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

87505

State of New Mexico

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-26623

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Dee 36SE State

8. Well No.

3

9. Pool name or Wildcat

Canyon-Wolfcamp

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 ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 S. 4th Street Artesia, NM 88210

4. Well Location

Unit Letter J : 1650 feet from the South line and 1980 feet from the East line

Section 36 Township 19S Range 24E NMPM Eddy County

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

3603'GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Acidize ☒

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 recompilation.

9/30/03 - Acidize Canyon 7594'-7805' with 5000g gelled 20% IC HCL.

Well is back on production 10/8/03.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Tina L. Huerta

TITLE Regulatory Compliance Supervisor DATE October 9, 2003

Type or print name

Tina L. Huerta

Telephone No. 505-748-1471

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: