	APR 15 2006			
Submit 2 Compa To Appropriate District			OCD-ARTESIA	E 0 102
Submit 2 Copies To Appropriate District Office	State of New Me	MICO	O O D . 9 48 4 2 7 7 7 1 1	Form C-103
District 1	Energy, Minerals and Natu	iral Resources	WELL API NO.	October 25, 2007
1625 N, French Dr., Hobbs, NM 88240 District II	OT CONCERNATION:	DIMOLONI	30-005-	62554
1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lo	case
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 Le	ase No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	•		LG - 7993 7. Lease Name or Uni	?
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Uni	it Agreement Name
(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)			East wind	AME St. Com
1. Type of Well Oil Well Gas Well Q Other PA			8 Well Number	,
2. Name of Operator			9 OGRID Number	
Yates Petroleum Corporation			025575	
3 Address of Operator			10. Pool name or Wile	dcat
105 S. 4th Street, Artesia, NM 88210			Foor Ranch Pr	r-Perminn
4. Well Location				
Unit Letter G 1980	feet from the // line and /	fect from the	E line	
Section 17 Township 95 Range 27E NMPM Chares County				
	11. Elevation (Show whether DR)	, RKB, RT, GR, et	c)	
12. Check Appropriate Box to	Indicate Nature of Notice R	Penort or Other	Data	
12. Check Appropriate Box to 1	indicate ivature of ivotice, iv	coport of Other	Data	
NOTICE OF INTENTION TO: SUE			BSEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO				TERING CASING \Box^{-1}
		-	ND, A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEME	NT JOB	
OTHER:		□ Location is	ready for OCD inspection	n after P&A
All pits have been remediated in c		he terms of the O	perator's pit permit and clo	
Rat hole and cellar have been fille				•
A steel marker at least 4" in diame	eter and at least 4' above ground	level has been set	in concrete. It shows the	
ODEDATOD NAME I FAS	SE NAME, WELL NUMBER, A	ADINHIMBED (MIADTED/AHADTED I	OCATION OD
	, TOWNSHIP, AND RANGE.			
	ED ON THE MARKER'S SUR		TOTAL MEDICAL TRANSPORT	LD GK
The location has been leveled as n	learly as possible to original grou	nd contour and ha	is 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.	or s pre permit and crossive praise	, in now mes, pr	oddenon equipment tina ju	in have been removed
All metal bolts and other materials	have been removed. Portable ba	ises have been rei	noved. (Poured onsite con-	crete bases do not have
to be removed)			, ,	
All other environmental concerns Pipelines and flow lines have been				
non-retrieved flow lines and ninelines				

When all work has been completed, return this form to the appropriate District office to schedule an inspection. If more than one inspection has to be made to a P&A location because it does not meet the criteria above, a penalty may be assessed.

TITLE CARCETTED FORESCORD TYPE OR PRINT NAME PAUL HANES E-MAIL PHONE575-748-1471 APR 25 2008 For State Use Only

Gerry Guye, Deputy Field Inspector NMOCD-District II ARTESIA