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

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

Form C-103
Revised June 10, 2003

WELL API NO. 30-005-63619

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Pinwheel BDP State

1. Type of Well: Oil Well ☐ Gas Well [X] Other

RECEIVED
NOV - 7 2003
OCD-ARTESIA

8. Well Number: 1

2. Name of Operator: Yates Petroleum Corporation

9. OGRID Number: 025575

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

10. Pool name or Wildcat: Undesignated Precambrian

4. Well Location

Unit Letter F : 1980 feet from the North line and 1980 feet from the West line

Section 36 Township 8S Range 25E NMPM Chaves County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3594'GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Spud	[X]		

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.

10/30/03 – Spudded well at 9:30 AM. TD 10'. Hole size 12-1/4".

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

SIGNATURE: Tina Huerta TITLE: Regulatory Compliance Supervisor DATE: November 4, 2003

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

(This space for State use)

FOR RECORDS ONLY

APPPROVED BY _____ TITLE _____ DATE NOV 12 2003

Conditions of approval, if any: