State of New Mexico Energy, Minerals and Natural Resources The French Dr., Hobbs, NM 88240			WELL API NO.	Form C-103 October 13, 2009
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	Artesia, NM 88210 Aztec, NM 87410 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			PEE 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.) 1. Type of Well: Oil Well Gas Well Other P&A 2. Name of Operator Yates Petroleum Corporation			8. Well Number 4 9. OGRID Number 025575	JUN - 1 2010 MOCD ARTERIA
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210			10. Pool name or Wildcat Foor Ranch; Pre-Permian (Gas)	
4. Well Location Unit Letter F: 1980 feet from the North line and 1980 feet from the West line Section 26 Township 9S Range 26E NMPM Chaves County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3801'GR				
	Appropriate Box to Indica ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DR	SEQUENT REPORT K	ING CASING 🗌
OTHER: OTHER: Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
5/24/10 MIRU. NU BOP. Tested casing to 500 psi – good. Tagged CIBP @ 5210'. 5/25/10 Spotted 25 sx Class "C" cement @ 4548'. TOC @ 4301'. Perforated @ 2248'. Spotted 25 sx Class "C" cement. WOC 2 hrs. Tagged plug @ 2028'. Perforated @ 1142'. Pumped 40 sx Class "C" cement down casing. 5/26/10 Tagged plug @ 880'. Perforated @ 60'. Circulated 15 sx Class "C" cement to surface. Cut off wellhead, installed dry hole marker & cleaned location. WELL IS PLUGGED & ABANDONED.				
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Regulatory Compliance Supervisor DATE 5/27/10 .				
Type or print name Allison For State Use Only		ess: abarton@yatespetrol Approved for plugging of well Liability under bond is retaine	d pending receipt	5) 748-1471
APPROVED BY: TITLE Conditions of Approval (if any): TITLE TITLE Conditions of Approval (if any):				