Submit 3 Copies To Appropriate District Office	State of New Me	xico		Form C-103
District I	Energy, Minerals and Natur	ral Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	0-015-22611
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No. L-1462	
SUNDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name of	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Bouse Hame (	i come rigicomoni ramio
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other SWD		´ L		EDDY SWD
1. Type of well. On well	das well		8. Well Number	
50	***************************************		0 OCDIDAL I	1
2. Name of Operator Yates Petroleum Corporation			9. OGRID Number 025575	
3. Address of Operator			10. Pool name or Wildcat	
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210			N. Loving Atoka	
4. Well Location Unit Letter E:	2230 feet from the North	line and 6	60 feet fro	om the West line
Section 16		nge 28E		
Section 16 Township 23S Range 28E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3021'			And the second second second second
Pit or Below-grade Tank Application or C	Closure 🗌			
Pit type Depth to Groundwater _	Distance from nearest fresh water w	vell Distance fro	m nearest surface wa	ater
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
12 Check	Appropriate Box to Indicate N			Data
12. Check	Appropriate Box to maleate w	ature of rionee, ici	eport or other	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK 🗌	_			ALTERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.□	PLUG AND ABANDON 🗌
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ОВ 🗌	
OTHER.		OTHER: MIT Test		
OTHER:  13 Describe proposed or complete	eted operations. (Clearly state all perti		nertinent dates i	
	SEE RULE 1103. For Multiple Con			
recompletion.	1	1	2	1
MIT Test performed on 11/18/2010.	Witnessed by Richard Ingo @ OCD or	nd Iandan Dlaumt @ V	ataa Datralaysa C	am austi an
MIT Test performed on 11/18/2010.	witnessed by Richard Hige @ OCD an	nd Jordan Blount @ 1	ates retroteum C	orporation.
Original chart retained by OCD.				
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			NUV 24	2010
			184000	
		) l	VIVIOCD AR	TESIA
I hereby certify that the information al tank has been/will be constructed or closed as				
SIGNATURE SUSAN S	Rose TITLE Regi	ulatory Compliance Te	ech DAT	ΓΕ <u>November 23, 2010</u>
Type or print name Susan S. Lo	0			
For State Use Only				
APPROVED BY: LUMPLO	NECE TITLE CON	MPUANIE OFFIC		ATE 12/1/10