

Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-005-63229 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE  $\square$ FEE XX Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Facheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit 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 Bestwall ST PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 🗸 8. Well No. YATES PETROLEUM CORPORATION Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210 9. Pool name or Wildcat Wildcat Well Location 660' feet from the South 660' West Unit Letter M line and feet from the line 20 88 26E NMPM Chaves County Section Township Range 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3697 11. 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 ALTERING CASING REMEDIAL WORK TEMPORARILY ABANDON ☐ CHANGE PLANS X COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE **CASING TEST AND** COMPLETION **CEMENT JOB** OTHER: OTHER: 12. 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. Yates Petroleum Corporation proposes to change the TD for the captioned well from the Abo formation to the Granite Formation at approximately 6110' Thank you. I hereby certify that the information a ove is true and complete to the best of my knowledge and belief. **SIGNATURE** DATE January 28, 2000 TITLE Regulatory Agent Cowan Type or print name Telephone No. (This space for State use) APPPROVED BY

Conditions of approval, if any: