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Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources District I Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-005-63230 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE \square Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, 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 PROPOSALS.) Kershaw UE 1. Type of Well: Oil Well Gas Well X Other Name of Operator V 8. Well No. YATES PETROLEUM CORPORATION 3. Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 Wildcat 4. Well Location Unit Letter 660' feet from the South line and 1500' East feet from the Section 19 NMPM Chaves County Township 26E Range 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679' 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 REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON ☐ CHANGE PLANS \mathbf{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 5910'. Thank you. I hereby certify that the bove is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Regulatory Agent DATE January 28, 2000 Type or print name Cv Cowan Telephone No. (This space for State use) District Supervisor APPPROVED BY

Conditions of approval, if any: