

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-005-63324

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Leontondon ASH Federal Com

8. Well No.

1

9. Pool name or Wildcat  
Foor Ranch Pre Permian/  
Foor Ranch Wolfcamp

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

GAS

Well ☐

Well ☒

OTHER

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter O : 990 Feet From The South Line and 1980 Feet From The East Line

Section 10

Township 9S

Range 26E

NMPM

Chaves

County

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Multiple Complete ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Yates Petroleum Corporation proposes to multiple complete the Foor Ranch Wolfcamp and the Foor Ranch Ordovician.

A multiple completion form and supportive material for the proposed multiple completion is attached.

C-122 REQUIRED 60 DAYS AFTER  
COMPLETION OR WELL TO BE SHUT-IN

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

SIGNATURE James W. Pringle TITLE Operations Engineer DATE March 5, 2001

TYPE OR PRINT NAME James W. Pringle TELEPHONE NO. 505-748-4182

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

MAR 12 2001

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: