

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87504-2088

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-22509</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Yates Petroleum Corporation</b>		6. State Oil & Gas Lease No. <b>VO-5487</b>
3. Address of Operator <b>105 South 4th Str., Artesia, NM 88210</b>		7. Lease Name or Unit Agreement Name <b>Tubb State Unit</b>
4. Well Location Unit Letter <b>G</b> : <b>1780</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>East</b> line Section <b>16</b> Township <b>10S</b> Range <b>34E</b> NMPM County <b>Lea</b>		8. Well No. <b>1</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>4234' GR</b>		9. OGRID Number <b>25575</b>
		10. Pool Name or Wildcat <b>Wildcat Austin</b>

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

## NOTICE OF INTENTION TO:

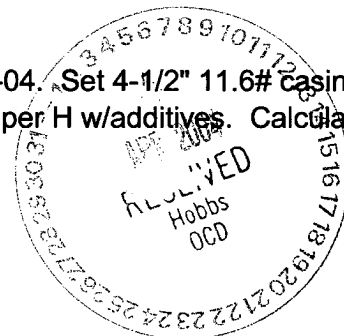
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
 OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
 CASING TEST AND CEMENT JOB ☐  
 OTHER: Re-Entry Operations-Set Casing ☒

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.

MIRU rotary tools 3-9-04. Drilled to 12650'. TD 7-7/8" hole @ 12:30 am 3-28-04. Set 4-1/2" 11.6# casing @ 12650'. Cemented w/1425 sx Interfill H w/additives and tailed in w/1175 sx Super H w/additives. Calculated TOC @ 3600'.



Thereby certify that the information above a true and complete to the best of my knowledge and belief.

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 4/1/04

Type or print name: Stormi Davis E-mail address: Telephone No. 505-748-1471

(This space for State use)

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 05 2004

Conditions of approval, if any:

APR 05 2004