

DISTRICT I

1625 N. French Dr., Hobbs NM 88240

DISTRICT II

1301 W. Grand Avenue, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

Revised June 10, 2003

WELL API NO.	30-025-28657
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Shipp ZI
8. Well Number	1
9. OGRID Number	25575
10. Pool Name or Wildcat	Lovington; Grayburg-San Andres
11. Elevation (Show whether DF, RKB, RT, GR, etc.)	3783.6'

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 Well ☒ Gas Well ☐ Other _____

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 S. 4th Str., Artesia, NM 88210

4. Well Location
Unit Letter C : 660 feet from the North line and 2310 feet from the West line
Section 27 Township 16S Range 37E NMPM _____ County Lea

11. Elevation (Show whether DF, RKB, RT, GR, etc.)
3783.6'

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

NOTICE OF INTENTION TO:

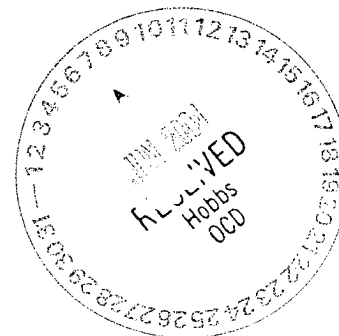
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: Plug Back and Recomplete ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: _____

13. 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.

Pit will be constructed as per master plan approved 4-15-04 - Figure B.



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

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 5/27/04
Type or print name Stormi Davis Email address _____ Telephone No. 505-748-1471

(This space for State use)

APPROVED BY [Signature] TITLE _____ DATE JUN 09 2004
Conditions of approval, if any: PETROLEUM ENGINEER