Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 May 27, 2004 WELL API NO.		
District II	OIL CONSERVATION DIVISION			30-025-36622		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE 🔯 . State Oil & Gas Lea	FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505				VO-5543		
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				7. Lease Name or Unit Agreement Name Cash State Unit		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				8. Well Number 2		
Name of Operator Yates Petroleum Corporation				9. OGRID Number 025575		
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210				10. Pool name or Wildcat Wildcat Morrow		
4. Well Location Unit Letter F:	1500 feet from the	North line ar	nd 134	feet from the	West lin	.e
Section 18	Township 11. Elevation (Show w			MPM Lea	County	
Pit or Below-grade Tank Application ☐ or Closure ☐						
Pit type Depth to Groundwate	er Distance from ne	arest fresh water well	Distan	ce from nearest surface w	ater	_
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	СОММЕ	AL WORK	ING OPNS.☐ P &	ERING CASING []
OTHER:		OTHER:	Ad	d Morrow Perfs		⊴
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 recompletion.						
8-12-04						
Perforated Morrow (4 SPF) 12144	-54' w/40 .42" holes.			23618910	1272737A	
				All 1808	761718	
				To color	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-						
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.						
SIGNATURE Storm	Dans	TITLE Regulatory	Compliance		ATE <u>8-13-04</u>	-
Type or print name Stormi Da For State Use Only	avis E-m	ail address:	^{rs} 授利 (main a min a	Telephone No.	505-748-1471	-
APPROVED BY: Conditions of Approval (if any)	J. Wink	OC FIELD REPRE	SENTATIVE	II/STAFF MANACA	6 1 6 2004	
Conditions of Approval (if any)						