| Submit 3 Copies To Appropriate District Office District I  | State of New Mex                                      |                     |  | Form C-103                              |
|--|---|---------------------|--|---|
| 1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natura                           | l Resources         | WELL API NO.                             | Revised March 25, 1999                  |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210  | OIL CONSERVATION I                                    | OIVISION            | 30-025-31648                             |   |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Franc                                  |                     | 5. Indicate Type of Leas                 |   |
| <u>District IV</u><br>1220 S. St. Francis Dr., Santa Fe, NM 87505  | Santa Fe, NM 87505                                    |                     | STATE S FEE 6. State Oil & Gas Lease No. |   |
|  | •   |                     | LG-2265                                  | ase No.                                 |
| 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.  |   |                     | 7. Lease Name or Unit                    | Agreement Name:                         |
| USE "APPLICATION FOR PERMIT" (FORM C-101) FO   |   | FERENT RESERVOIR.   | Cumpains WA State                        |   |
| 1. Type of Well:   | ·   |                     | Superior WA State                        |   |
| Oil Well Gas Well Other C  2. Name of Operator   |   |                     | 8. Well No.                              |   |
| Yates Petroleum Corporation  |   |                     | 5 ven 140.                               | ·                                       |
| 3. Address of Operator   |   |                     | 9. Pool name or Wildea                   | 0 0 P                                   |
| 105 South Fourth Street, Artesia, NM 88210 4. Well Location  |   |                     | Wildcat Abo of 5                         | andre-Por Ten                           |
| 4. Well Excation   |   |                     |  |   |
| Unit Letter_C_ :_ 660'feet from the North line and 1980' _feet from the _Westline  |   |                     |  |   |
| Section 11 Township 1  | 4S Range 33E  | NMPM Lea C          | ounty                                    |   |
| The state of the s | 0. Elevation (Show whether DR, RK                     |                     | ounty                                    |   |
|  | •   |                     |  |   |
| 11. Check  | Appropriate Box to Indicate Na                        |                     |  |   |
| NOTICE OF INTE   | NTION TO:<br>LUG AND ABANDON [7]                      | SU<br>REMEDIAL WORK | BSEQUENT REPOF                           | RT OF:<br>TERING CASING []              |
| •  | EGG AND ADARDON [                                     | NEWLEDIAL WORK      |  | TEKING CASING [                         |
| TEMPORARILY ABANDON   C  | HANGE PLANS   | COMMENCE DRILLIN    | IG OPNS.□ PL                             | UG AND                                  |
| PULL OR ALTER CASING   | IULTIPLE  | CASING TEST AND     | AB                                       | SANDONMENT                              |
|  | OMPLETION   | CEMENT JOB          | ш  |   |
| OTHER: Surface Pool Commingle  |   | OTHER:              |  |   |
| 12. Describe proposed or completed operations. (Clearly  | state all pertinent details, and give pertinent dates | # C71-H             | arting any proposed work). SEE           |   |
| Completions: Attach wellbore diagram of proposed co  | empletion or recompilation.                           | 101123              | arting any proposed work). See           | XOLE 1103. For Multiple                 |
| Yates Petroleum Corporation respectfully requests approval for surface pool commingle the following wells:   |   |                     |  |   |
| Superior WA State #5 31648 Superior WA State #1, 2, & 4. 280 10  |   |                     |  |   |
| Formation: Wildcat/Abo Formation: Saunders/Permo-Upper Penn 2950   |   |                     |  |   |
| Lea County, New Mexico  Lea County, New Mexico   |   |                     |  |   |
| State Lease # LG-2265 State Lease # LG-2265  |   |                     |  |   |
| The battery is located at the Superior WA State #1. Please see attached plat and site facility diagram.  |   |                     |  |   |
| $\sqrt{q_{j_1}}$   |   |                     |  |   |
| Oil & gas production/sales will be allocated based on wells test performed monthly.  |   |                     |  |   |
| Working interest owners are identical.   |   |                     |  |   |
| (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d   |   |                     |  |   |
| The proposed comminging of production is in the interest of conservation and will not result in reduced toyalty or improper measurement of production.   |   |                     |  |   |
| Detinated daily production for the Superior  | WA State #3 is 8 bis of oil, and 20 i                 | nci.                | JET ST                                   | 4 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| The purpose of the surface/pool comminglin   | g, lease commingling, off lease store                 | age and measurement | is to reduce onerating co                | sts for storage and                     |
| treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary   |   |                     |  |   |
| to built separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.  |   |                     |  |   |
| The proposed commingling is necessary for  | economic operation of the above ref                   | erenced leases.     |  |   |
|  | -   |                     |  |   |
| Therefore wife should be compared to   |   |                     | -  |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |                     |  |   |
| SIGNATURE TY COULD TITLE Production Secretary DATE June 1, 2004  |   |                     |  |   |
| Type or print name Mayte Reyes   | U D   |                     | phone No. (505) 748-421.                 | 3                                       |
| (This space for State use)   | MC-1116   |                     | 1 -                                      |   |
| APPPROVED BY Worn  | - TITLE Engli   | ~~                  | DATE 8/6/04                              | 7                                       |
| Conditions of approval, if any:  |   |                     |  | •                                       |
| <i>u</i>   |   |                     |  |   |