

Submit 3 Copies to Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 South St. Francis, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-36501
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  East Sand Springs State Unit
8. Well No. #4
9. Pool name or Wildcat Wildcat S113411J;Miss(GAS) 97042

<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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210	
4. Well Location Unit Letter: <u>G</u> : <u>1850</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>13</u> Township <u>11S</u> Range <u>34E</u> NMPM County <u>Lea</u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4151 GR	

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: ☐

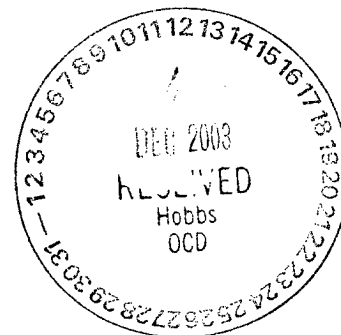
SUBSEQUENT REPORT OF:

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

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 recompletion.

Yates Petroleum Corporation requests to change the previously submitted well name from East Sand Springs Unit #4 to the  
East Sand Springs State Unit #4.

Thank you,



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

SIGNATURE Debbie L. Caffall TITLE Regulatory Technician/Land Department DATE 12/10/03

Type or print name Debbie L. Caffall - debbiec@ypcnm.com Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE SEP 22 2004

Conditions of approval, if any:

## District I

1625 N. French Dr., Hobbs, NM 88240

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## District IV

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State of New Mexico  
Energy, Minerals & Natural Resources DepartmentOIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505Form C-102  
Revised August 15, 2000Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-025-36501</b>	<sup>2</sup> Pool Code <b>97042</b>	<sup>3</sup> Pool Name <b>Wildcat S113411J;Miss (GAS) 97042</b>
<sup>4</sup> Property Code <b>25120</b>	<sup>5</sup> Property Name <b>East Sand Springs State Unit</b>	<sup>6</sup> Well Number <b>4</b>
<sup>7</sup> OGRID No. <b>025575</b>	<sup>8</sup> Operator Name <b>Yates Petroleum Corporation</b>	<sup>9</sup> Elevation <b>4151</b>

<sup>10</sup> Surface Location

UL or lot no. <b>G</b>	Section <b>13</b>	Township <b>11S</b>	Range <b>34E</b>	Lot Idn <b>G</b>	Feet from the <b>1850</b>	North/South line <b>N</b>	Feet from the <b>1980</b>	East/West line <b>E</b>	County <b>Lea</b>
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>12</sup> Dedicated Acres <b>320</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A  
NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<div style="text-align: center;">VO-5304</div> <div style="text-align: center;">1850'</div> <div style="text-align: center;"> </div>	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature <b>Debbie L. Caffall</b> Printed Name <b>Regulatory Technician</b> Title <b>December 10, 2003</b> Date	
	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. See Original Plat Date of Survey Signature and Seal of Professional Surveyor:	
	Certificate Number	