

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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

Form C-103
May 27, 2004

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

WELL API NO. 30-005-20822
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 Paul LR
8. Well Number 8
9. OGRID Number 025575
10. Pool name or Wildcat Tom Tom SA

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other P&A	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>25</u> Township <u>7S</u> Range <u>31E</u> NMPM Chaves County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4390'GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water <u>N/A</u>	
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 INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

10/14/04 – Spotted cement equipment. POOH with tubing.
10/15/04 – TIH and tagged up at 570'. RIH with 4-1/2" CIBP on tubing. Tagged up. POOH with CIBP. RIH open ended. Casing parted. Worked thru. RIH to 4020'. Pumped 30 bbls mud laden fluid. Spotted 25 sx Class "C" Neat cement. WOC.
10/18/04 – Tagged plug at 3862'. Pumped 100 bbls mud laden fluid. Did not circulate. Perforated 4-1/2" casing at 1740'. RIH with 4-1/2" AD-1 packer. Casing parted in 2 places. Had to work to line up casing. Set packer at 1435'. Squeezed with 50 sx Class "C" Neat cement. No pressure. Circulated up thru part. Released packer. WOC.
10/19/04 – RIH with tubing – no tag. Set packer at 1435'. Squeezed with 50 sx Class "C" Neat cement. WOC 4 hrs. RIH and tagged at 1742'. Squeezed with 50 sx Class "C" with 3% CaCl. WOC.
10/20/04 – Tagged plug at 1525'. Circulated 150 sx Class "C" Neat cement down 4-1/2" casing and up to surface of 8-5/8" casing. WOC 4 hrs. Dug out cellar – cement at surface. Cut off wellhead. Made and installed dry hole marker. **WELL IS PLUGGED AND ABANDONED. FINAL REPORT.**

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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 OCB approved plan ☐.

SIGNATURE Tina Huerta TITLE Regulatory Compliance Supervisor DATE October 22, 2004
Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only

APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 26 2004
Conditions of Approval (if any):