

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. 30-025-36816
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-5874
7. Lease Name or Unit Agreement Name Orbison State Unit
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Wildcat Mississippian

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 checked="" type="checkbox"/> Other	
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>H</u> : <u>1750</u> feet from the <u>North</u> line and <u>915</u> feet from the <u>East</u> line Section <u>14</u> Township <u>12S</u> Range <u>34E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4141' 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 _____
Pit Liner Thickness: _____ mil	Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

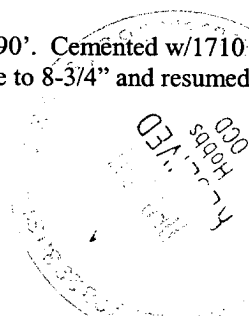
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input 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: Spud, Surface & Intermediate Casing <input checked="" 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.

11-23-04 Spudded rathole @ 11:00 a.m. Notified Sylvia Dickey w/Hobbs OCD. Set 40' of 20" conductor.

11-28-04 MIRT and resumed drilling @ 10:00 a.m. Drilled 17-1/2" hole to 432'. Set 13-3/8" 48# casing @ 432'. Cemented w/220 sx Premium Plus w/additives and tailed in w/200 sx. Cement circulated. WOC. Reduced hole to 12-1/4" and resumed drilling.

12-3-04 TD 12-1/4" hole to 4190' @ 10:15 p.m. Set 9-5/8" 36# and 40# casing @ 4190'. Cemented w/1710 sx "C" w/additives and tailed in w/200 sx. Cement circulated to surface. WOC 52 hrs, 15 mins. Reduced hole to 8-3/4" and resumed drilling.



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 Stormi Davis TITLE Regulatory Compliance Technician DATE 12-22-04

Type or print name Stormi Davis E-mail address: _____ Telephone No. 505-748-1471

For State Use Only

APPROVED BY: Harry W. Wink TITLE FIELD REPRESENTATIVE II / STAFF MANAGER DATE JAN 03 2005

Conditions of Approval (if any):