

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

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.)		WELL API NO. 30-025-36672
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. VO-5596
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Oakridge State Unit
4. Well Location Unit Letter <u>B</u> : <u>680</u> feet from the <u>North</u> line and <u>1620</u> feet from the <u>East</u> line Section <u>17</u> Township <u>11S</u> Range <u>34E</u> NMPM <u>Lea</u> County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4202' GR		9. OGRID Number 025575
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 & 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: Perforate and DHC <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.

9-12-04 to 12-16-04

Set 5-1/2" CIBP @ 12210'. Acidized Morrow perms w/1500 gal 7-1/2% Morrow acid w/50 ball sealers. Drilled CIBP @ 12210'. Pushed down to composite plug @ 12238'. Pushed down to composite plug @ 12290'. Drilled out CIBP and composite plugs. Set 5-1/2" composite plug @ 12100'. Perforated Upper Morrow 11963-70' (6 JSPF) w/42 .42" holes. Acidized w/800 gal 7-1/2% Morrow acid w/50 ball sealers. Drilled composite plug @ 12100'. Frac Morrow, Austin and Mississippian w/40000 gal 40# Medallion 40Q foam w/40000# 18/40 Versaprop.

2-7/8" tubing and packer @ 11750'

Well is producing from Und. Eight Mile Draw; Morrow, Northwest and Wildcat Mississippian (DHC-3342)

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 12-28-04

Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): **FOR RECORD ONLY** see amended 4