

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. 30-025-31046
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-6839
7. Lease Name or Unit Agreement Name Penroc BEP State <33988>
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Wildcat Morrow 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 <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210
4. Well Location Unit Letter C : 660 feet from the North line and 1980 feet from the West line Section 5 Township 10S Range 34E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4254' 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Re-Entry Operations <input checked="" type="checkbox"/>
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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.

12-17-04 RU and spud on surface plug.

1-21-05 Cleaned out well to original TD of 10125'.

1-22-05 Started drilling new hole.

1-23-05 to 2-19-05 Drilling; pipe stuck @ 6050'; freepoint pipe; TIH w/fishing tools; TOH w/fish; ream and condition hole; drilled to 11963'; pipe stuck @ 5720'; ran freepoint; worked stuck pipe and circulated; drilled to 12097'; work stuck pipe; ran freepoint; jar on stuck pipe; circulated.

2-20-05 Reached TD @ 12400'. Set 5-1/2" 17# casing @ 12400'. Cemented w/600 sx Premium Interfill w/additives and tailed in w/800 sx Super H w/additives. TOC @ 3500' (calc).

3-9-05 to 3-13-05 Perforated Morrow 12154-65' (66), 12172-249' (462) and Chester 12270-90' (120) for total of 648 .42" holes. Acidized w/3500 gal 7-1/2% Morrow acid w/300 ball sealers.

Well will be DHC. SIWOPL.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 3-15-05

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

For State Use Only Hayward Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 07 2005

APPROVED BY: Hayward Wink TITLE _____ DATE _____

Conditions of Approval (if any) _____