Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-36916 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		V-6007
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	-
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Azure State Unit
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporat	ion	025575
3. Address of Operator		10. Pool name or Wildcat
105 S. 4 <sup>th</sup> Street, Artesia,	NM 88210	Four Lakes; Mississippian (Gas)
4. Well Location	1050 6-46 1 21 1 1	1400
Unit Letter C:	1050 feet from the North line and	1480 feet from the West line
Section 18	Township 12S Range 35E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, e. 4122' GR	tc.)
Pit or Below-grade Tank Application		
	er Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil		Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
<del>-</del>		
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON  REMEDIAL WO	
TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐		PRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
OTHER:	☐ OTHER:	Production Casing
13. Describe proposed or comp	pleted 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.		
<b>4-14-05</b> TD 8-3/4" hole to 12828' (	② 5:45 a.m. Ran 5-1/2" 17# casing set @ 12828'. Ce	emented w/1329 sx 50:50 POZ "H" w/additives.
Tailed in w/1612 sx 15:61:11 POZ	'C" w/additives. TOC calculated @ 3832'.	
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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 dosed according to NMOCD guidelines ., a general permit or an (attached) alternative OCD-approved plan .		
SIGNATURE Som	TITLE Regulatory Comp	liance Technician DATE 4-25-05
400	TILL Regulatory Comp.	MATE 4-23-03
Type or print name Stormi Da	vis E-mail address: stormid@ypo	cnm.com Telephone No. <u>505-748-1471</u>
For State Use Only		
APPROVED BY: Mus 2	Williams TITLE	DATE
Conditions of Approval (if any):	OC DISTRICT SUPERVISOR/	DATE DATE